



DWIHN
Your Link to Holistic Healthcare



Detroit Free Press

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PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1st Floor Board Room Wednesday, October 9, 2024 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. Children's Initiatives' Quarterly Report (Juvenile Restorative Program)** – Provide examples of life skills and vocational skills delivered at the Juvenile Restorative Program.
 - B. BA #25-18 (Children's Services Health Quality Initiative Program FY 25)** – Provide a list of schools that participates in the School Based Health Quality Initiative and the GOAL Line Initiative.
- VI. Approval of the Minutes – September 11, 2024**
- VII. Report(s)**
 - A. Chief Medical Officer**
 - B. Corporate Compliance**
- VIII. Quarterly Reports**
 - A. Adults Initiatives**
 - B. PIHP Crisis Services**
 - C. Customer Service**
 - D. Managed Care Operations**
 - E. Utilization Management**

Board of Directors

Dr. Cynthia Taueg, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Kevin McNamara, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

Manny Singla, Interim President and CEO



- IX. Cyber Security Status Presentation**
- X. Strategic Plan Pillar – Quality – *Deferred to November 13, 2024***
- XI. Quality Review(s) - None**
- XII. VP of Clinical Operations’ Executive Summary**
- XIII. Unfinished Business**
 - A. **BA #23-15 (Revised)** – DWC Training Platform - WIT, Inc. Service Contract Extension
- XIV. New Business (Staff Recommendations)**
 - A. **BA #25-29** – Donated Funds Agreement DFA 25-82009
 - B. **BA #25-30** – Community Mental Health Data Platform
 - C. **BA #25-31** – Projects for Assistance in Transition from Homelessness (PATH) - Neighborhood Service Organization (NSO) and Wayne Metro
 - D. **BA #25-32** – Southwest Counseling Solutions Housing Resource Center, Neighborhood Service Organization (NSO) Detroit Healthy Housing Center and CNS Covenant House
 - E. **BA #25-33** – Central City Integrated Health, Inc. PSH CoC Program and Leasing Project
 - F. **BA #25-34** – Credentialing Verification Organization - Medversant Technologies, LLC
- XV. Good and Welfare/Public Comment**

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met)***. Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the general public and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).
- XVI. Adjournment**

Program Compliance Committee Meeting



Children's Initiative Department FY 2024 / Quarter 3 (April - June 2024)

Follow Up Summary

Juvenile Restorative Program Look Back

Team Wellness launched the Juvenile Restorative Program (JRP) July 2023. JRP is a short-term 3 to 6 month program that includes a comprehensive array of services including therapeutic services (individual, group, and family), care management, peer supports, educational services, skill building services, meals and transportation to all members.

Examples of life skills delivered at the Juvenile Restorative Program: During FY24 examples of life skills included:

- Casey Life Skills: Casey Life Skills (CLS) is a tool that assesses the independent skills youth need to achieve their long-term goals. It aims to guide youth toward developing healthy, productive lives.
 - Daily living and self-care activities
 - Maintaining healthy relationships
 - Work and study habits
 - Using community resources
 - Money management
 - Computer literacy and online safety
 - Civic engagement
 - Navigating the child welfare system
- Informed Dialectical Behavior Therapy (DBT) life skills: DBT is an evidence-based practice is a state-of-the-art, evidence-based form of cognitive behavioral therapy for children, teenagers and adults who experience significant trouble managing their emotions, thoughts and behaviors. DBT Skills Training consists of:
 - Understanding, managing, and regulating emotions
 - Tolerating distress and crises without making problems bigger
 - Maintaining satisfying relationships with others
 - Increasing self-awareness, expanding one's ability to recognize alternative points of view and managing emotional situation
 - Increasing problem-solving skills, learning validation and effectively managing differences of opinion with family members.

Examples of vocational skills delivered at the Juvenile Restorative Program: During FY24 there were 3 youth who participated in employment off site and were able to continue job duties. In addition, there were youth who gained vocational skills onsite that includes:

- Coffee café
- Food truck
- Clothing drive
- Voter registration events
- Resume building
- For youth turned 18 years old are referred to an Employment Specialist with Team Wellness

FY25 School Based Health Quality Initiative: School Success		68 Total Schools	As of 9/17/24
Assured Family Services (AFS)	2 School	District	City
AFS	DPSCD Virtual School	DPSCD	Virtual
AFS	Mackenzie Elementary-Middle School	DPSCD	Detroit
America's Community Council (ACC)	6 Schools	District	City
ACC	Greenfield Union	DPSCD	Detroit
ACC	Henry Ford High School	DPSCD	Detroit
ACC	Nolan High School	DPSCD	Detroit
ACC	Nolan Middle School	DPSCD	Detroit
ACC	Pershing High School	DPSCD	Detroit
ACCESS	3 Schools	District	City
ACCESS	Riverside Academy (West)	Dearborn Public	Dearborn
ACCESS	Salina Elementary	Dearborn Public	Dearborn
ACCESS	Salina Intermediate	Dearborn Public	Dearborn
Black Family Development	12 Schools	District	City
BFDI	Hope Academy	Detroit Charter School	Detroit
BFDI	New Paradigm College Prep	Detroit Charter School	Detroit
BFDI	Osborn High School	DPSCD	Detroit
BFDI	Ralph Bunche Elementary / Middle School	DPSCD	Detroit
BFDI	University Prep Academy Elementary School	University Prep School District	Detroit
BFDI	University Prep Academy High School	University Prep School District	Detroit
BFDI	University Prep Academy Middle School	University Prep School District	Detroit
BFDI	University YES Academy	Detroit Charter School	Detroit
BFDI	Ecorse High School	Ecorse Public School District	Ecorse
BFDI	Grandport Elementary	Ecorse Public School District	Ecorse
BFDI	George Washington Carver Academy	Highland Park	Highland Park
BFDI	Barack Obama	DPS	Detroit
Development Center Inc. (DCI)	4 Schools	District	City
DCI	Beech Elementary School	Highland Park	Highland Park
DCI	Hicks Elementary School	Inkster	Inkster
DCI	Mumford High School	DPSCD	Detroit
DCI	Barber Preparatory Academy	Highland Park	Highland Park
Hegira Health	12 Schools	District	City

Hegira	Lafayette Elementary School	Lincoln Park	Lincoln Park
Hegira	Raupp Elementary	Lincoln Park	Lincoln Park
Hegira	Taylor High School	Taylor	Taylor
Hegira	West Middle School	Taylor	Taylor
Hegira	Crestwood High School	Crestwood School District	Dearborn Heights
Hegira	Cambridge Alternative	Garden City Public Schools	Garden City
Hegira	Douglas Elementary	Garden City Public Schools	Garden City
Hegira	Farmington Elementary	Garden City Public Schools	Garden City
Hegira	Garden City High	Garden City Public Schools	Garden City
Hegira	Garden City Middle	Garden City Public Schools	Garden City
Hegira	Lathers	Garden City Public Schools	Garden City
Hegira	Memorial Elementary	Garden City Public Schools	Garden City
Starfish Family Services	10 Schools	District	City
SFS	Thorne Elem – Intermediate	Westwood	Dearborn Heights
SFS	Thorne Elem – Primary	Westwood	Dearborn Heights
SFS	Tipton Academy – East	Garden City-Charter	Garden City
SFS	Tipton Academy – West	Garden City-Charter	Garden City
SFS	Tomlinson Middle	Westwood	Inkster
SFS	Romulus Elem	Romulus	Romulus
SFS	Summit Elem	Flatrock/Romulus-Charter	Romulus
SFS	Summit High	Flatrock/Romulus-Charter	Romulus
SFS	Summit Middle	Flatrock/Romulus-Charter	Romulus
SFS	Wick Elementary	Romulus	Romulus
Southwest Counseling Solutions	3 Schools	District	City
SWCS	Cesar Chavez High School	Charter	Detroit
SWCS	Cesar Chavez Middle School	Charter	Detroit
SWCS	Hope of Detroit Academy K-8	Charter	Detroit
The Guidance Center	13 Schools	District	City
TGC	Wayne Westland Innovative Academy	Wayne-Westland	Wayne
TGC	Wayne Memorial High School	Wayne-Westland	Wayne
TGC	Garfield Elementary	Wyandotte	Wyandotte
TGC	Jefferson Elementary	Wyandotte	Wyandotte
TGC	Monroe Elementary	Wyandotte	Wyandotte

TGC	Roosevelt High School	Wyandotte	Wyandotte
TGC	Washington Elementary	Wyandotte	Wyandotte
TGC	Wilson Middle	Wyandotte	Wyandotte
TGC	Anderson High School	Southgate	Southgate
TGC	Davidson Middle School	Southgate	Southgate
TGC	Fordline Elementary	Southgate	Southgate
TGC	Northpointe Elementary	Southgate	Southgate
TGC	Asher Alternative High School	Southgate	Southgate
Team Wellness	3 Schools	District	City
TW	John R. King	DPSCD	Detroit
TW	East English Village Preparatory	DPSCD	Detroit
TW	Southeastern High School	DPSCD	Detroit

FY25 School Based Health Quality Initiative: GOAL Line		11 Total Schools	As of 9/17/24
Community Education Commission	11 Schools	School District	City
CEC	John R. King	DPSCD	Detroit
CEC	Schulze Academy	DPSCD	Detroit
CEC	Bagley Elementary	DPSCD	Detroit
CEC	Cornerstone Adams-Young Elementary School	Charter	Detroit
CEC	Cornerstone Adams-Young Middle School	Charter	Detroit
CEC	Vernor Elementary	DPSCD	Detroit
CEC	FLICS	DPSCD	Detroit
CEC	Detroit Achievement Academy	Charter	Detroit
CEC	Rutherford Elementary	DPSCD	Detroit
CEC	Palmer Park	DPSCD	Detroit
CEC	Marygrove Elementary	DPSCD	Detroit

PROGRAM COMPLIANCE COMMITTEE

MINUTES

SEPTEMBER 11, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Dr. Lynne Carter, Program Compliance Vice-Chair at 1:10 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Dr. Lynne Carter, Vice-Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock; Dr. Carter; Bernard Parker; and Dr. Cynthia Taueg</p> <p>Committee Member(s) Excused: Commissioner Jonathan Kinloch and William Phillips</p> <p>Other Board Members: Tom Adams, SUD Board Chair</p> <p>Staff: Brooke Blackwell; Judy Davis (Virtual); Dr. Shama Faheem; Monifa Gray; Sheree Jackson; Marianne Lyons; Melissa Moody; Shana Norfolk; Cassandra Phipps; Vicky Politowski; April Siebert; Manny Singla; Andrea Smith; Yolanda Turner; Ortheia Ward; Dan West; and Grace Wolf</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Dr. Carter called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Dr. Carter called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	<p>Dr. Carter informed the committee that the FY 25 Jail Diversion through Mental Health Co-Response Expansion Proposal would be added to the agenda after Item IX (707 Crisis Care Center Update). Dr. Carter called for a motion to approve the amended agenda. Motion: It was moved by Mr. Parker and supported by Dr. Taueg to approve the agenda as amended. Dr. Carter asked if there were any more changes/modifications to the agenda. There were no more changes/modifications to the agenda. Motion carried, agenda approved as amended.</p>
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<i>There was no Follow-Up Items from Previous Meeting to review this month.</i>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	Dr. Carter called for a motion to approve the August 14, 2024, meeting minutes. Motion: It was moved by Ms. Bullock and supported by Mr. Parker to approve the August 14, 2024, meeting minutes. Dr. Carter asked if there were any changes/modifications to the August 14, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.
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VII. Reports

DISCUSSION/ CONCLUSIONS	A. Chief Medical Officer – <i>Deferred to October 9, 2024</i> B. Corporate Compliance – <i>None</i>
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VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS	<p>A. Autism Spectrum Disorder – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Autism Spectrum Disorder’s quarterly report. It was reported that:</p> <ol style="list-style-type: none">1. Activity 1: Monitoring Autism Benefit Enrollment/Expansion – There was an average of 2,370 members assigned to DWIHN’s Applied Behavior Analysis (ABA) provider network for FY 24. There has been an increase in autism services from FY23, Q3 (2,212) compared to FY24, Q3 (2370). DWIHN approved two new ABA providers as of FY24, Q3. MDHHS confirmed Autism Service supervisors (Licensed Psychologists (LPs), Limited Licensed Psychologists (LLPs), and Master Level individuals completing certification and licensure examination will not be allowed to bill after September 30, 2025. Only Board-Certified Behavior Analyst (BCBA) supervisory professionals will be able to provide supervision to behavioral technicians. This qualified level position will remove approximately 75 individuals from DWIHN’s network, and providers will need to adjust staffing, referrals and hiring practices to reduce impact to current and future members in DWIHN’s Autism Service network. MDHHS will provide guidance and support to PIHPs/CMHSPs to support QBHPs to full credential and licensure by providing study resources.2. Activity 2: Analysis of ABA Provider Referral Capacity – A total of seven (7) ABA providers consistently accept referrals over the last three quarters. Multiple ABA providers in the network have worked diligently to onboard new staff members and additional ABA referrals. DWIHN is currently building a system to track ABA minimum and maximum capacity across the network. Additionally, providing direction to the network on policy development around appropriate transition and discharge planning and language will also be added to ensure expectations on referral capacity. A new tracking system is being developed to determine controlling variables impacting length of stay in treatment.
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3. **Activity 3: ABA Performance Improvement Plan** – FY24 (Q3), 84% of members begin services within 14-days of ABA authorization’s effective date. This is higher than the goal of 70% and higher than the baseline date of 65% during FY 23. Staff will continue to address barriers and meet with ABA providers regarding grievances and educate them on the due process procedures.

Dr. Carter opened the floor for discussion. Discussion ensued.

- B. **Children’s Initiatives** – Cassandra Phipps, Director of Children’s Initiatives submitted and gave highlights of the Children’s Initiatives’ quarterly report. It was reported that during FY 24 (Q2), DWIHN served a total of 12,834 unduplicated children, youth and families in Wayne County ages 0 to 21st birthday. This total is slightly higher than FY 24(Q2) of 11,925 members served. During FY 23, there were 12, 123 unduplicated youth who received services.

1. **Activity 1: MichiCANS Soft Launch Pilot** – MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. The MichiCANS tool will replace the CAFAS and PECFAS assessments effective October 2024. The DECA tool will change during October 2024 as well to be administered as an assessment tool for ages 0 to 6 years old for both SED and I/DD children. The soft launch started 1/8/24 with DWIHN and The Children’s Center as the identified sites for Wayne County and ended 3/31/24. For FY 24 (Q2), there were 328 screenings and for FY 24 (Q3), 1,135 screenings for a total of 1,463 screenings. DWIHN’s Access department and The Children’s Center continues to administer the MichiCANS screenings until the hard launch starts in 10/1/24; Providers attended the required MichiCANS trainings during June and July 2024. In preparation for October 2024’s hard launch, there is a need to update policies and utilization management guidelines in accordance with the upcoming changes.

2. **Activity 2: Juvenile Restorative Program Look Back** – Team Wellness launched the Juvenile Restorative Program (JRP) July 2023 which is a short-term 3-to-6-month program that includes a comprehensive array of services including therapeutic services (individual, group and family), care management, peer supports, educational services, skill-building services, meals and transportation to all members. This resulted in overcrowding and the mental health needs of youth were unaddressed. The goal for FY 24 was to service 70 youth with the Juvenile Restorative Program and that has been accomplished thus far; during FY 24, there have been 102 referrals to the program, 91 intake assessments completed, 87 youth actively enrolled in the program (attended consistently minimum of 30 days and 32 discharges). The demographics of members referred to the program were ages 16 and 17 with the youngest age being 13. The primary disability designation was Serious Emotional Disturbance (SED) and the Oppositional Defiant Disorder was the most common diagnosis of those referred to the program. The five (5) barriers over the past year that were identified and addressed to assist with the progression of the program are limited spacing, gang involvement, medication, lack of engagement and school information . For FY 25, the school program will change to Atlas and Teams Wellness collaborating with Harper Woods School District, Ser Metro Detroit and Asher Alternative School in Southgate. Team Wellness will continue to address barriers and are in the process of hiring additional staff and completing MichiCANS training.

Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested examples of the life skills and vocational skills delivered at the Juvenile Restorative Program. **(Action)**

C. **Integrated Health Care** – Vicky Politowski, Director of Integrated Health Care submitted and gave highlights of the Integrated Health Care’s quarterly report. It was reported that:

1. **Activity 1: OBRA Services** – During FY (Q3), 1,716 referrals were made (842 were assigned for an assessment and 874 required an exemption letter); 319 full assessments and 161 partial assessments were completed with a 98% congruency and 10% pends. The OBRA team provided training on OBRA/PASSR to 26 nursing homes and two (2) hospitals. OBRA is fully staffed and can complete more assessments.
2. **Activity 2: Complex Case Management (CCM)** – CCM currently has six (6) new cases, 11 open cases and seven (7) closed cases. Of the seven closed cases, three met their goals, one partially met goals, one was unable to find, and one needed a higher level of care. Care Coordination was completed on 84 members, 13 providers received training on CCM and 117 members were contacted about their FUH appointment. Of those 117, - 37 made their appointment. CCM is assisting with decreasing the racial disparity between White and Black member who attend the 7-day appointment and reached out to 66 members; they spoke to 4 and 30 attended the 7-day appointment. Three surveys were received with a score of 100% satisfaction.
3. **Activity 3: Special Care Coordination with Medicaid Health Plans** – Staff meets with Priority Health and BCC two times a month and discusses cases for follow-up; 128 members were discussed and had coordination during the year; and 42 of those members had their gaps in care closed within a month. Medicaid Health Plans are in the RFP process to continue providing services and care coordination is a requirement. Staff met with all of the health plans to discuss how this can be accomplished. DWIHN will be able to provide more care coordination with the Medicaid Health Plans as required by the State. DWIHN is continuing to meet with the health plans to educate on care coordination and how they need to increase numbers serviced.
4. **Activity 4: HEDIS Quality Plans** – Partnered with Team Wellness and the Detroit Health Department, this department launched its first health fair; 100 members attended, and Wayne Health performed 30 blood draws for AIC. Staff is working with two CRSPs and their Federally Qualified Health centers (FQHC) to increase the quality of care surrounding the HEDIS measures. Several DWIHN departments are working together to reduce the incidents of hospitalizations, increase the members follow-up appointments with CRSPs and met with CRSPs every 45 days and reviewed HEDIS scores. Staff will continue to work with CRSP on why HEDIS measures are important for quality care.

Dr. Carter opened the floor for discussion. There was no discussion.

The Vice-Chair noted that the Autism Spectrum Disorder, Children’s Initiatives and Integrated Health Care’s quarterly reports have been received and placed on file.

IX. 707 Crisis Care Center Update

DISCUSSION/ CONCLUSIONS	<p>Grace Wolf, VP of Crisis Care Centers submitted and gave an update on the 707 Crisis Care Center. It was reported that:</p> <ol style="list-style-type: none">1. Activity 1: Opened Adult Crisis Stabilization Unit (ACSU) – For the month of June, there were 131 presentations; 104 admissions; 20 requests for community resources; 5 Medical referrals and 2 AMA. For the month of July, there were 107 presentations; 135 admissions; 38 requests for community resources; 11 medical referrals and 3 AMA. For the month of August, there were 168 presentations; 129 admissions; 30 requests for community resources; 9 medical referrals and no AMA. Information was provided on the demographics of those requesting services with the largest population being African American at 77%, 25-34 years old, 53% males and 45% females. Recidivism within the same month showed that for the month of June, there were 5; month of July, there were 6; and for the month of August, there were 10.2. Activity 2: Opened Building Empowered and Supportive Transitions Unit (BEST) – Information on the Building Empowered and Supportive Transition Unit (BEST) was also provided. The BEST Unit is a post-crisis transitional unit and is run by our Peer Supportive Specialists and focuses on continued support and services post-crisis intervention. The goal of the BEST unit is to reduce recidivism and provide continued support to vulnerable individuals. The occupancy of the BEST unit is 6 individuals at a time and the length of stay is 7 days. From June 10th – 30th, there were 20 transfers from ACSU and the average length of stay was 4.25 days. For the month of July, there were 19 transfers from ACSU and the average length of stay was 4 days. For the month of August, there were 13 transfers from ACSU and the average length of stay was 3.5 days. Final dispositions were 67% outpatient; 19% transitional housing; 5% SUD residential; and 7% medical care.3. Activity 3: Opened Child and Family Crisis Unit (CFCU) – The Unit serves individuals 5-17 years old regardless of their insurance status who are seeking mental health or substance use services and uses the First Model which a natural support is required stay with the youth throughout treatment. The unit is open 24/7/365 and accepts referrals, walk-ins and police drop-offs. The occupancy of the CFCU is 14 individuals at one time and the length of stay is 72 hours. From June 10th – 30th, there were 7 presentations and 2 admissions; For the month of July, there were 29 presentations and 12 admissions; and for the month of August, there were 22 presentations and 15 admissions. Admissions Barriers were identified (50% natural support could not stay; 35% outpatient recommended; 12% referred to PHP; and 3% acuity. Total race, 89% African American and 11% White; 10% ages 7-10; 24% ages 11-13; and 66% ages 14-17. The total gender identity was 61% males and 39% females. Of those seen, the dispositions were as follows (60% outpatient, 16% inpatient, 8% Crisis Residential, 8% Medical, 4% PHP and 4% AMA). It was noted that they are continuing engagement with children and adolescent providers in Wayne County to increase the referrals to the CFCU. Of the 468 presentations, the Adult unit staff have only had to complete two (2) mechanical restraints. They are extremely proud of the trauma-informed environment and culture at the 707 Crisis Care Unit. <p>Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested that the Mobile Crisis' involvement be included in the next report.</p> <p>(Action)</p>
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X. FY 25 Jail Diversion through Mental Health Co-Response Expansion Proposal

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Andrea Smith, Director of Innovation and Community Engagement submitted and gave highlights of the FY 25 Jail Diversion through Mental Health Co-Response Expansion Proposal. As requested during a prior Finance Committee a presentation was provided on the Jail Diversion through Mental Co-Response Expansion Program that would divert individuals with serious mental illness and often co-occurring substance disorder or developmental disability in contact with the justice system from custody and/or jail and provide linkages to community-based treatment and support services. There are currently partnerships with Detroit Police; Inkster Police; Grosse Pointes and Harper Woods and Southgate Department of Public Safety.</p> <p><i>Full Estimated Costs</i> The Grant Proposal of the Co-Response program was provided and would entail a 1:1 Matching grant program for 2 years (2024-25; 2025-26); provide up to a maximum of 2 clinician resources per dispatch area to be embedded in the response team; the requirements to be evaluated as part of applying for the grant would be: # of crisis calls; # of BH calls coming in; # of members residing in a certain proximity from the location served Availability of funds at dispatch site to support the program after grant period ends if the program was beneficial; Year 1 will fund a maximum of 30 positions (minimum 15-20 sites); Year 2 will fund 40 positions (minimum 20-20 sites); and Programs that currently exists in a dispatch and needs expansion because of volume will also receive consideration.</p> <p><i>Budget</i> Max potential cost \$1.725 million to DWIHN if everyone applies and everyone is deemed eligible for year 1; Max potential cost \$2.3 million to DWIHN if everyone applies and everyone is deemed eligible for year 2; and Total cost to DWIHN of the grant program over 2 years = \$4 million (Approx \$115K including benefits).</p> <p><i>The following was provided</i></p> <ul style="list-style-type: none"> • The Co-response Timeline from the time a call is received by 911 • The goals of the program which is to reduce emergency room costs; provide appropriate care during a crisis, properly allocate law enforcement resources and reduce instance of use of force and liability costs. • Along with the Expansion Strategy <p>The highlights of the Co-Responder Program which includes accompanying law enforcement on mental health-related calls; assessing referrals for appropriateness withing the DWIN network; delivering services in various settings and collaboration with members, their families and support systems.</p> <p>A map was shared with the Committee which showed the encounters of the Wayne County Co-Response team from 2020-2023 along with the mobile crisis calls for service.</p>
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	<p>Some of the benefits from the expansion of the program include coordinated approach to addressing mental health crisis; Improved outcomes for individuals and better utilization of community resources; Expansion of co-response aligns with recognized best practices; and Co-response programs in Wayne County could significantly enhance diversion efforts providing both social and economic benefits to the community.</p> <p>The Vice Chair opened the floor for discussion. Discussion ensued. The committee requested a copy of today's presentation. (Action)</p>
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XI. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<p>A. QAPIP Work Plan FY 24 Update – April Siebert, Director of Quality Improvement submitted and gave highlights of the QAPIP Work Plan FY 24. It was reported that:</p> <ol style="list-style-type: none"> 1. Performance Indicators Data for the last year – PI #1 (Crisis Screening within 3 hours) – DWIHN has consistently exceeded the 95% standard for both children and adults each quarter over the past year; PI #2a (Integrated Biopsychosocial Assessment (IBPS) within 14 days of the first request) – For the past few quarters, both MI/Adults and DD/Adults have consistently achieved a rate of 57% or higher; In Q3, DWIHN set new records for performance with MI/Adults (59.04%), DD/Adults (60.77%) and MI/Child (58.98%), all exceeding the standard. However, DD/Child fell short at 31.36%. Excitingly, preliminary Q4 data (51.95%) represents our best performance yet and we anticipate final results by December 31, 2024; PI #3 (Ongoing services 14 days after Intake) – DWIHN has continued to do well for PI #3. Data shows that we achieved some of the highest rates among all the PIHPs in the State. The data indicates that more than 90% of our members are receiving services 14 days after intake, surpassing the standard of 83.80%; PI #4a (Follow-Up after hospitalization) and 4b (SUD Detox Discharge Follow-Up) – We have achieved the 95% standard each quarter for the past year; PI #10 (Children's Recidivism) – DWIHN has consistently met this standard each quarter. There was an increase in FY23, Q4 (11.58%) and FY24, Q3 (15.75%) in the recidivism rate among the children's population. These readmissions will be closely monitored in Q4; PI #10 (Adult Recidivism) – DWIHN continues to see rates fluctuate from quarter to quarter. DWIHN has an average of 16.89% each quarter, which is below the 15% standard. Proactive steps are being taken to address current trends and enhance outcomes. 2. HSAG External Quality Reviews – DWIHN's HSAG Reviews have been completed and are awaiting results.
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XII. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	<i>The VP of Clinical Operations' Executive Summary was deferred to October 9, 2024.</i>
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XIII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<i>There was no Unfinished Business to review this month.</i>
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XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p><i>Dr. Carter, Committee Vice-Chair informed the committee that BA #25-01, BA #25-02, BA #25-03, BA #25-04, BA #25-06, BA #25-07, BA #25-10, BA #25-11, BA #25-12, BA #25-13, BA #25-14, BA #25-15, BA #25-16, BA #25-17, BA #25-18, BA #25-19, BA #25-20, BA #25-22 and BA #25-24 will be bundled and a motion would be made after discussion.</i></p> <p>A. BA #25-01 – Multicultural Integration Providers FY 25 – Staff requesting board approval of the Memorandum of Understanding (MOU) between Community Mental Health Association of Michigan (CMHAM), Michigan Department of Health and Human Services (MDHHS) and Pre-paid Insurance Health Plan (PIHP) for the PIHP Veteran Navigator (PIHP-VN), Peer Navigator, Navigator Assistant and the Multicultural Integration Providers formerly known as the Multicultural Programs. Revenue for these services is supported by E-Grants and Management Systems (EGrAMS) categorical funds for Ethnic Services. The amount of this proposed term of this MOU is October 1, 2024 through September 30, 2025 and will not exceed \$730,639.00. Dr. Carter opened the floor for discussion. Discussion ensued.</p> <p>B. BA #25-02 – Substance Use Disorder (SUD) Treatment Provider Network FY25 – Staff requesting board approval to contract for the delivery of SUD treatment services for the 2025 fiscal year with a total budget not to exceed \$4,542,882.00. Treatment services will be funded with Federal Block Grant dollars (\$3,121,782.00) and PA2 funds (\$1,421,100.00), totaling \$4,542,882.00. DWIHN has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$4,542,882.00. Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>C. BA #25-03 – Substance Use Disorder (SUD) Prevention Provider Network FY25 – Staff requesting board approval to contract for the delivery of SUD prevention services for the 2025 fiscal year with a total budget not to exceed \$6,147,683.00. Prevention services will be funded with Federal Block Grant dollars (\$3,442,608.00) and PA2 funds (\$2,705,075.00), totaling \$6,147,683.00. DWIHN has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$6,147,683.00. Dr. Carter opened the floor for discussion. There was no discussion.</p> <p>D. BA #25-04 – 707 Food Service – Staff requesting board approval for a three-year contract (with a two-year renewal option) with Variety Food Services, Inc. (selected under RFP #2024-19) to provide a meal program and delivery services to individuals served at the 707 Care Center. The contract term is from October 1, 2024 through September 30, 2027. The contract amount shall not exceed</p>
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\$586,967.48 for the duration of the three years. Dr. Carter opened the floor for discussion. There was no discussion.

- E. **BA #25-06 – Jail Diversion FY 25** – Staff requesting board approval for a continuing contract with Central City Integrated Health Homeless Outreach (\$225,000.00); CNS HealthCare Co-Responder Program (\$300,000.00); Team Wellness Co-Responder (\$300,000.00); and the City of Southgate 28th District Court Regional Veterans Treatment Court (\$80,000.00). The total amount is not to exceed \$1,305,000.00 of which \$905,000.00 will be allocated to providers with the remaining \$400,000.00 allocated to DWIHN to fund Behavioral Health Specialists salaries and fringe. Funds can be re-allocated amongst providers should the need arise so long as the total does not exceed \$1,305,000.00 for the fiscal year ending September 30, 2025. Dr. Carter opened the floor for discussion. Discussion ensued.
- F. **BA #25-07 – Comprehensive Service for Behavioral Health (CBH) FY 25** – Staff requesting board approval to use Block Grant dollars for several vendors, individuals and projects approved by the Michigan Department of Health and Human Services (MDHHS) through the Comprehensive Services for Behavioral Health FY 24/25 Block Grant. Notification was received from MDHHS approving \$523,908.00 for the referenced programs in this board action which covers the grant period of October 1, 2024 through September 30, 2025. Dr. Carter opened the floor for discussion. There was no discussion.
- G. **BA #25-10 – Behavioral Health Homes FY 25** – Staff requesting board approval for continuation of Behavioral Health Home (BHH) Services in Wayne County with the listed existing providers in this board action. The amounts listed for each provider are estimated based on prior year activity and are subject to change. Amounts may be re-allocated amongst providers without board approval as long as the total does not exceed \$1,350,000.00 for FY 2025. Dr. Carter opened the floor for discussion. There was no discussion.
- H. **BA #25-11 – Substance Use Disorder (SUD) Health Homes FY 25** – Staff requesting board approval of a Comparable Source Contract between Detroit Wayne Integrated Health Network (DWIHN) and the providers listed in this board action to continue SUD Health Home (SUDHH) Services in Wayne County. SUD Health Home was formerly known as Opioid Health Home but is changing its' name and expanding qualifying diagnoses to a more expansive SUD Health Home for FY 2025. The amounts listed in this board action for each provider are estimates based on prior year activity and are subject to change. Amounts may be re-allocated amongst providers without board approval as long as it does not exceed the amount of \$918,000.00 for FY 2025. Dr. Carter opened the floor for discussion. There was no discussion.
- I. **BA #25-12 – Michigan Rehabilitation Services (MRS)** – Staff requesting board approval for a one-year contract for the fiscal year ending September 30, 2025 for the continued funding for an Interagency Case Transfer Agreement (ICTA) between Detroit Wayne Integrated Health Network (DWIHN) and Michigan Rehabilitation Services (MRS) for the amount of \$443,565.00. DWIHN's funding of \$443,565.00 combined with MRS-ICTA Federal Share revenue of \$1,199,268.00 brings the program total revenue to \$1,642,833.00 for Wayne County. Dr. Carter opened the floor for discussion. There was no discussion.

- J. **BA #25-13 – DWIHN Provider Network System FY 25** – Staff requesting board approval for continued funding for the Provider Network System for the fiscal year ending September 30, 2025. Board approval will allow for the continued delivery of behavioral health services for individuals with Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders. In addition, it should be noted that the hospitals listed under HRA change based on consumers stay. As such, hospitals may be added and amounts re-allocated without board approval to avoid delay of payment. The funds are passed through from MDHHS. Dr. Carter opened the floor for discussion. Discussion ensued.
- K. **BA #25-14 – Credentialing Verification Organization FY 25** – Staff is requesting board approval for a three-year contract effective September 1, 2024 through September 30, 2027 for an amount not to exceed \$500,000.00 with HealthStream, Inc. in response to the Credentialing Verification Organization RFP #2024-017 issued May 2024, for a National Committee for Quality Assurance accredited Credentialing Verification Organization. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations. Currently, DWIHN is under contract with Medversant to assist with credentialing. DWIHN will remain in contract with the vendor and will transition the services over the course of the year. Dr. Carter opened the floor for discussion. Discussion ensued.
- L. **BA #25-15 – Children’s Crisis Intervention Services FY 25** – Staff requesting board approval for a continuation of the contract with Safehaus, Inc. for Crisis Residential Unit (CRU) services for children; The Guidance Center and New Oakland Family Centers to provide pre-admission screening services for youth in crisis with severe emotional disturbance (SED) and intellectual/developmental disabilities (I/DD) designations. PAR services include 24-hour availability to provide assessment and screening services for individuals to determine if members meet inpatient criteria or re-direction to lower levels of care; and New Oakland Family Centers to provide Intensive Crisis Stabilization Services (ICS) to children in need of ongoing support and stabilization in the community for an estimate amount of \$1,800,000.00 and may not reflect the actual costs for the fiscal year. As a result of the crisis continuum of care RFP, this board action is requesting approval for the provision of Pre-Admission Review (PAR) services and Mobile Intensive Crisis Stabilization Services (ICSS) for children. Dr. Carter opened the floor for discussion. There was no discussion.
- M. **BA #25-16 – Adult Crisis Intervention Services FY 25** – Staff requesting board approval for a continuation of the contract with Hegira Health, Inc., Community Outreach for Psychiatric Emergencies (COPE) and Team Wellness Centers for \$9,400,000.00 to continue with the provision of Crisis Intervention Services. The contract is a fee-for-services; therefore, the amount is an estimate and may not reflect the actual costs for the fiscal year. As a result of the crisis continuum of care RFP, this board action is requesting approval for the provision of Crisis Stabilization Units (CRU), Pre-Admission Review (PAR) services and Mobile Intensive Crisis Stabilization Services (ICSS) for adults. Dr. Carter opened the floor for discussion. There was no discussion.

- N. **BA #25-17 – Children’s Initiatives MDHHS Grants FY 25** – Staff requesting board approval of a one-year contract effective October 1, 2024 through September 30, 2025 for the following programs – (1) ***System of Care Block Grant*** (\$1,043,582.00) to expand the capacity of Connections Wayne County’s System of Care to support the needs of the most complex children and youth with Serious Emotional Disturbance (SED) served within Wayne County’s Public Mental Health System. The Michigan Department of Health and Human Services affords this transforming grant in the amount of \$1,043,582.00 to supplement Medicaid covered services. The providers are listed in this board action; (2) ***Infant and Early Childhood Mental Health Consultation (IECMHC)*** (\$424,137.00) services by Development Centers (MiSide) who will be receiving \$204,852.00 and The Guidance Center who will be receiving \$103,007.00. DWIHN was informed on August 23, 2024 that Hegira Health, Inc. will not be a provider for this contract for FY 25. Thus, \$93,778.00 of funding previously allocated to Hegira Health, Inc. will either be distributed between Development Centers and The Guidance Center or to another selected provider. In addition, DWIHN will receive \$22,500.00 for indirect services; (3) ***Infant and Early Childhood Mental Health Consultation in Home Visiting (IECMHC-HV)*** (\$118,847.00) services by Development Centers who will receive \$111,347.00. DWIHN will receive \$7,500.00 for indirect costs; (4) ***Infant Toddler Court Program*** (\$112,189.00) services to increase the spread and coordination of Michigan Baby Courts to ensure children and their families in the child welfare system (CWS) or at-risk for entry into DWC receive equitable, high-quality, coordinate and trauma-informed services. DWIHN employed a Coordinator to provide services for this grant. DWIHN is the provider of this program and will receive \$112,189.00. The overall total funding from MDHHS allocated for these programs is not to exceed \$1,698,755.00 for the fiscal year ending September 30, 2025. Dr. Carter opened the floor for discussion. There was no discussion.
- O. **BA #25-18 – Children’s Services Health Quality Initiative Program FY 25** – Staff requesting board approval for FY 24/25 contracts in the not to exceed amount of \$4,430,000.00 to provide funding for the new Health Quality Initiative in accordance with 45 CFR 158.150 – (1) ***School Based Health Quality Initiative***, funding of \$2,980,000.00 will be distributed to the 11 CMH Providers listed in this board action to ensure students and their families have access to behavioral and integrated health services within a school-based and community-based setting and provide evidence-based psychoeducation training and intervention to children and school professionals; (2) ***GOAL Line***, Community Education Commission to receive \$550,000.00 for the GOAL Line program to increase access to behavioral health and social-emotional supports through its enrichment programming at the Northwest Activities Center (NWAC) through the 2024/25 school year as well as summer 2025 (Requesting to reallocate funds up to \$3,530,000.00 related specifically to the SSI and GOAL Line programs for fiscal year ending September 30, 2025 as needed without board approval; (3) ***HOPE Mobile Outreach Services***, the funding of \$650,000.00 will support the continuation of the HOPE Mobile Outreach Services from Black Family Development to provide mobile and electronically accessible behavioral health spectrum of care nestled in neighborhoods located in five Detroit zip codes and city-wide; (4) ***Integrated Infant Mental Health Program***, an unsolicited proposal pilot program for \$250,000.00 of the children

services health quality initiative funding. Starfish Integrated Health will be the provider to encourage and facilitate the integration of behavioral health and physical health within the service delivery system. Starfish will utilize evidence-based practices to ensure the comprehensive wellness of all patients served. Dr. Carter opened the floor for discussion. Discussion ensued. The committee requested a list of the schools that participates in the School Based Health Quality Initiative and the GOAL Line Initiative. **(Action)**

- P. **BA #25-19 – HPS Consulting, LLC** – Staff requesting board approval for a professional service contractual agreement with HPS Consulting, LLC to provide clinical care consultative support as DWIHN prepares for the National Committee for Quality Assurance (NCQA) Reaccreditation in FY 2027. The contract is a three-year term from September 2024-May 2027 not to exceed \$263,250.00. HPS submitted a RFP bid with three other vendors and they were awarded the bid based on the DWIHN bid process in July 2024. Dr. Carter opened the floor for discussion. There was no discussion.
- Q. **BA #25-20 – Juvenile Restorative Program FY 25** – Staff requesting board approval for Team Wellness to receive a one-year renewal contract for FY 25 (October 1, 2024-September 30, 2025) to deliver the Juvenile Restorative Program. Team Wellness to receive a budget of \$1,900,000.00 for FY 25. Approximately, \$1.6 million is related to Medicaid claims-based services and the remaining \$300,000.00 allocation relates to jail diversion costs as defined in the CMHSP and PIHP contracts; however, is considered administrative costs yet excluded from MLR calculations per the 42 CFR 158. This program is for youth with court involvement for ages 12 to 18 years old and various services are offered. Dr. Carter opened the floor for discussion. There was no discussion.
- R. **BA #25-22 – Medical Billing and Claims Auditing Services FY 25** – Staff requesting board approval to enter to a three-year agreement with Berry, Dunn, McNeil & Parker, LLC for Medical Billing and Claims Auditing Services with a total contract value not to exceed \$250,000.00 per year. Pursuant to a RFP, the contractor was selected and deemed the most responsive. The contract is billed based on time and material and will be used on an as needed basis. The total contract amount shall not exceed \$750,000.00 for the period October 1, 2024 through September 30, 2027. Dr. Carter opened the floor for discussion. Discussion ensued.
- S. **BA #25-24 – Autism Spectrum Disorder (ASD) Provider Network FY 25** – Staff requesting board approval for 12 Autism Service Providers to receive a one-year contract for FY 25, October 1, 2024 through September 30, 2025 to deliver Applied Behavior Analysis (ABA) and Autism Evaluations. The total projected budget for autism services for FY 25 is not to exceed \$92,649,972.00. Dr. Carter opened the floor for discussion. There was no discussion.

The Vice-Chair called for a motion on BA #25-01, BA #25-02, BA #25-03, BA #25-04, BA #25-06, BA #25-07, BA #25-10, BA #25-11, BA #25-12, BA #25-13, BA #25-14, BA #25-15, BA #25-16, BA #25-17, BA #25-18, BA #25-19, BA #25-20, BA #25-22 and BA #25-24. **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #25-01, BA #25-02, BA #25-03, BA #25-04, BA #25-06, BA #25-07, BA #25-10, BA #25-11, BA #25-12, BA #25-13, BA #25-14, BA #25-15, BA #25-16, BA #25-17, BA #25-18, BA #25-19, BA #25-20, BA #25-22 and

	BA #25-24 to Full Board for approval. Dr. Carter opened the floor for further discussion. There was no further discussion. Motion carried.
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<i>There was no Good and Welfare/Public Comment this month.</i>
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ACTION ITEMS	Responsible Person	Due Date
1. Children's Initiatives' Quarterly Report (Juvenile Restorative Program Look Back) – Provide examples of life skills and vocational skills delivered at the Juvenile Restorative Program.	Cassandra Phipps	<i>October 9, 2024</i>
2. 707 Criss Care Center Update – Include the Mobile Crisis' involvement with the 707 Crisis Care Center in the next report.	Grace Wolf	<i>TBA</i>
3. Jail Diversion through Mental Health Co-Response Expansion Proposal – Provide a copy of the presentation to the committee.	Lillian Blackshire	<i>COMPLETED</i>
4. BA #25-18 (Children's Services Health Quality Initiative Program FY 25) – Provide a list of schools that participates in the School Based Health Quality Initiative and the GOAL Line Initiative.	Cassandra Phipps	<i>October 9, 2024</i>

The Vice-Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to adjourn the meeting. **Motion carried.**

ADJOURNED: 2:45 p.m.

NEXT MEETING: Wednesday, October 9, 2024 at 1:00 p.m.

**Program Compliance Committee
Chief Medical Officer's Report
October 2024**

BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:

- Given Suicide Prevention Month in September, Ask the Doc-September Issue covered Suicide Prevention information.
- Dr. Mammo discussed effects of opioids on children and adolescents with Local 4 News at the Rescue Ready: Opioid Overdose Training event on September 24, 2024.
- Dr. Mammo completed an Ask the Doc video about ADHD in September 2024.
- One PA student and two psychiatric NP student completed onboarding process and starting their Psychiatry rotation on October 1st. Me and Dr. Mammo have met with their Program Directors to discuss rotation and teaching expectations.
- University of Michigan Child and Adolescent Psychiatry Department has an educational grant where they provide Autism education and consultation and met with us to identify the needs of Wayne County. They are hoping to develop certification program for clinicians with continuing education credits that would help them care for individuals with Autism especially those that age out and are cared by adult providers with limited Autism experience. Met with our internal teams to gauge their interest and to introduce U of M Team to Provider Network subsequently.
- Attended the Ribbon Cutting Ceremony for Trauma Recovery Center for Henry Ford Health on September 6th. It is a great resource for Detroit Community and they are looking for collaboration with DWIHN on patients who would have ongoing behavioral health needs after being initially served by HFHS Trauma Center. It was a pleasure to hear a lot of great things about DWIHN from multiple disciples and physicians.

CRISIS CENTER MEDICAL DIRECTOR UPDATES:

Staffing Updates:

- *New Hires:* One full-time APP started in September 2024 for evening coverage. One contingent psychiatrist and one contingent APP started in September 2024 to help with coverage.
- *Workforce Needs:* We have continued to expand our staffing pool for full-time and contingent psychiatrists and APPs to help with coverage. Two full-time APPs will start this month for day and evening coverage. With that, Crisis Center is fully staffed with providers. Another contingent psychiatrist is expected to start this month.
- *Trainings:* Psychiatrists and APPs continue to regularly receive trainings on updated policies and procedures, evidence-based practices, risk assessments, and medical triage, as well as documentation standards and expectations and voluntary and involuntary processes which have been identified as areas needing ongoing attention. Last month they were trained on PRN Medications, BEST Unit Transfers and Against Medical Advice Discharges.
- *Goals:* Ongoing patient satisfaction, maintain quality of care and Hire staff for optimal coverage of staffing pattern.

Program Compliance Committee Chief Medical Officer's Report

Trends *Description:* The Crisis Care Center opened on June 10, 2024 and serves individuals ages 5 and older 24/7. DWIHN has received provisional State certification for the Adult Crisis Stabilization Unit.

- *Current Status:* In September alone, there have been 190 presentations to Crisis Center (47 at CFCU, 143 at CSU). Since opening, Crisis Care Center has admitted over 350 adults (was 200 end of July) and over 80 youth (was 25 end of July). Children and adolescent evaluations notably increased since the start of the school year.
- More than **80%** of adult admissions have been voluntary.
 - Top diagnoses for **children and adolescents** include (*increase in adjustment disorder and decrease in disruptive disorder and trauma disorders*):
 - Adjustment disorders
 - Depressive disorders
 - Disruptive and impulse control disorders
 - Top diagnoses for **adults** include (*remain consistent with before*):
 - Psychotic disorders
 - Depressive disorders
 - Schizoaffective disorders
 - Alcohol use disorders
- *Significant Tasks During Period:* Efforts continued towards optimization of electronic medical record. We met with State for our one on one meeting.
- Our first set of reports were due to them and DWIHN received a lot of accolades on areas of our achievements including our number of members served, low restraint and emergency medication use as well as coordination efforts with area hospitals during medical transfers.
- *Major Accomplishments During Period:* Daily case discussions were implemented to optimize care of individuals. Individuals seeking treatment were linked to resources in a timely manner and have been found very helpful to all staff.
- *Next Steps:* We are preparing for the Joint Commission review. Application will be submitted in October with anticipated review In December or January.
- We are looking at developing reports in medication utilization trends
- Wayne State University has reached out to us for a potential research and educational project related Children missing school due to threats made at school that result in several days of missed school. They along with Wayne RESA are interested in using the data to identify schools and districts that could benefit from education and training. We had our initial meeting which will be followed by IRB approval and discussion with internal teams.

IMPROVING PRACTICES LEADERSHIP TEAM (IPLT) COMMITTEE

DWIHN continues to host IPLT meeting in September, HEDIS measures were reviewed, and new interventions were discussed for some of the measures where goals have not been met.

QUALITY IMPROVEMENT STEERING COMMITTEE: Discussed Opioid Use disorder, Alcohol Use Disorder and Nicotine Use Disorder Policy and along with changes that were made based on Provider feedback.

Program Compliance Committee Chief Medical Officer's Report

INTEGRATED HEALTH CARE DEPARTMENT OBRA completed 120 full assessments OBRA

This month and 60 partial assessments with a total of 180 face-to-face contacts for September PASRR educator provided training to 16 Nursing homes and 4 Hospital. Training 26 staff

1. Continued to have a low rate of pended assessments. The pending rate for September is 4%. This remains under the required 24%.
2. The congruency rate was 98% for the month of September.
3. PASRR support staff are opening all Obra/PASRR cases, and this has been successful. This has reduced the number of days it takes to have a case opened within 24 hours, improving overall efficiency for staff and reducing errors
4. OBRA has established a contact list for CRSP's to provide them with notification when we receive a specialized determination for. We will begin scheduling trainings next month.

Data Sharing with Health Plans

1. IHC and all 8 MHP plan meetings have occurred in the month of September. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.
2. Care coordination in the next year will be an expectation of all Medicaid Health Plans. The state is expecting that 25% of people pulled from CC360 will have risk stratification and joint care plans. IHC has worked with the health plans and received preliminary results from the State where we are above the required threshold at 29% and still have time to submit more care plans that we are working with health plans on.

**Program Compliance Committee Meeting
Corporate Compliance Report
October 9, 2024**



Main Activities during July -September 2024:

- **Compliance Investigations**

Major Activities: A key focus of the Compliance Department has been preventing and identifying rule violations and safeguarding DWIHN against potential financial penalties and legal actions.

Activity 1: Compliance Investigations

- *Description:* The 4th Quarter of Fiscal Year 2024, the Compliance Department handled an average of 43 investigations. Additionally, the Compliance department closed out 10 of 25 active investigations carried over from the third quarter, with no credible allegations of fraud identified. It is important to highlight that 3 full time staff completed 3,919 Medicaid Claims Verification audits manually during this quarter.
- *Current Status:* As of September 1, 2024, we had 37 open investigations, which will require these execution of approximately 31,208 manual audits. Each compliance team members completes an average of eight audits per day.

Activity 2: Unauthorized Access

- *Description:* On August 20, 2024, a DWIHN staff member reported a compromise of their DWIHN-issued laptop while performing personal tasks. This allowed a Threat Actor to gain remote access. The employee followed the incident management protocol by shutting down the device, which was later examined by both the IT department and a third-party forensic team. Investigations revealed that the Threat Actor accessed files that were open at the time of the incident.
- *Current Status:* In some cases, these elements (Member Name(s), Medical Record Number, Medicaid Number, Medicare Number, Diagnosis, Diagnostic Testing, Case Notes, and Discharge Plans) were exposed, not all columns were populated for all 3347 members. Additionally, MDHHS was notified on September 9, 2024, and notification to the affected members is scheduled to be sent by our insurance company no later than October 8, 2024. Members will be offered two years of credit monitoring, free credit report services, identity theft protection and access to a toll-free line and DWIHN compliance for inquires.

Quarterly Report
Marianne Lyons, LMSW, CAADC
10/9/2024



Adult Initiatives Quarter Four Report
Marianne Lyons, LMSW, CAADC

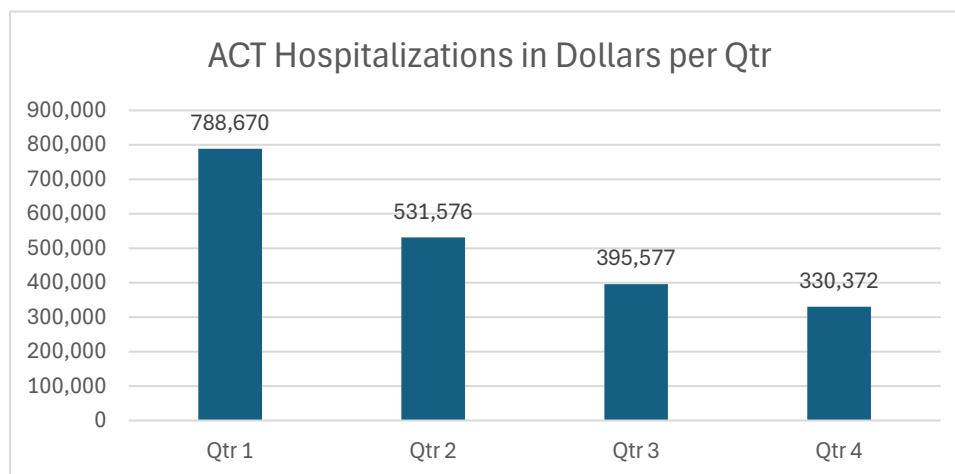
Main Activities during quarterly reporting period:

- Assertive Community Treatment (ACT)
- Evidence-Based Supported Employment (EBSE)
- Clubhouse

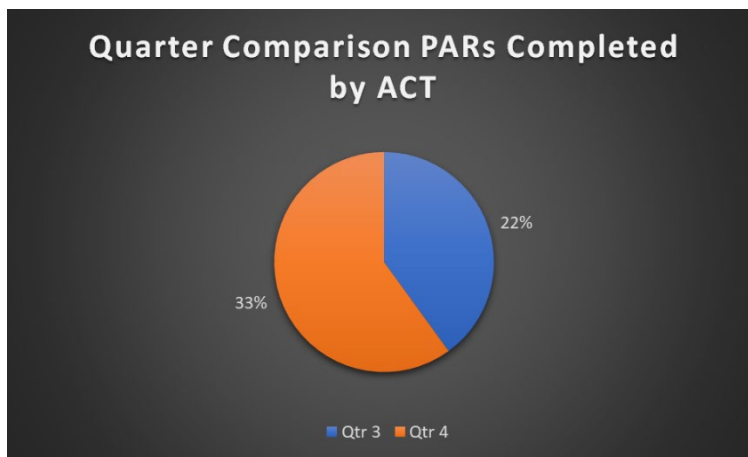
Progress on Major Activities:

Activity 1: Assertive Community Treatment (ACT)

- *Description:* Assertive Community Treatment (ACT) is an intensive, community-based, mobile team of clinical professionals who provide treatment to members who are diagnosed with severe and persistent mental illness. The staff to member ratio is 1:10, interventions and services are delivered in vivo and are comprehensive. ACT staff members are available 24 hours, 7 days per week, for 365 days per year.
- *Current Status:* There are **9 ACT** provider service agencies in Wayne County. Those agencies are: All Wellbeing Services, Central City Integrated Health Network, CNS Health Care, MiSide (formerly Development Centers Incorporated), Hegira, Lincoln Behavioral Services, Team Wellness, Elmhurst Home and The Guidance Center. Currently, there are **435** members receiving ACT services. For this quarter, the ACT program experienced a total of **41** psychiatric hospitalizations which totaled **495** inpatient days; for comparison, in the quarter 2 there were **50** inpatient hospitalizations totaling **531** days. This is a **15.9%** decrease in the number of hospitalizations and a **6.78%** decrease in the number of inpatient days. This equals a quarterly savings of **\$22,356** as shown in the chart below.



- *Significant Tasks During Period:* A significant task that was completed during this period was the identification of more than **70%** of the PARs were being completed by the Community Outreach for Psychiatric Emergencies (COPE). During this period, approximately **33%** of the PARs were completed by the ACT providers. Adult Initiatives totally restructured the PAR Completion contact list and distributed it throughout the ACT programs, as well as the inpatient hospitals, Daniel West, Director of the DWIHN Crisis Services Unit (CSU), and the Vice President of Crisis Care Services, Grace Wolf. This updated contact list identified and highlighted in red, the PAR Completion phone number for each program to increase the number of PARs completed by the CRSPs. Adult Initiatives also assisted in the collection process of the recently implemented Columbia Suicide Severe Rating Scale (C-SSRS) which is a mandatory training for all clinicians who complete PAR assessments. The collection was then submitted to Daniel West, Director of Crisis Services.



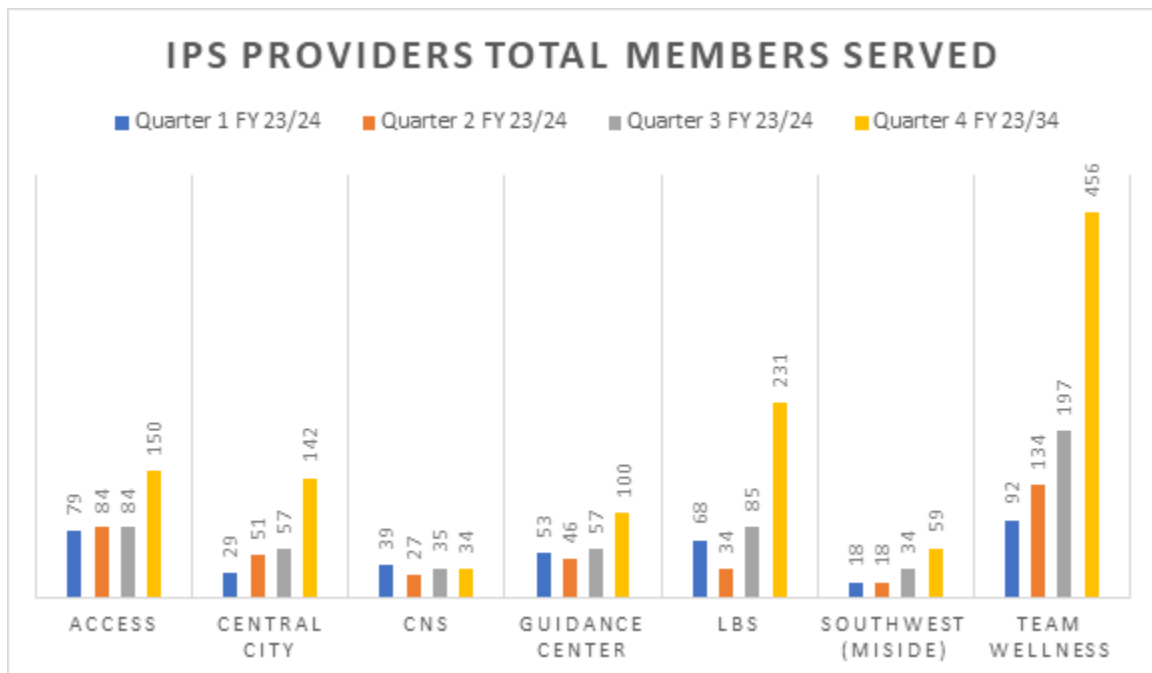
- *Major Accomplishments During Period:* Adult Initiatives completed the last ACT Fidelity Reviews this quarter and the scores averaged **93%** across the **7** providers (Michigan Department of Health and Human Services completed Team Wellness' Fidelity Reviews for 2023 and 2024). Among the highest scores were All Wellbeing (95.83), Hegira (95.73), and Central City Integrated Health Network (95.51). Providers have been informed that any score they receive that is below an E (which indicates non-adherence to the fidelity) will require technical assistance to increase their score to maintain best practices.
- *Needs or current issues:* Bi-monthly monitoring of the face-to-face after 5 and reducing underutilized service units are of points that continue to be addressed. Data retrieved within the past quarter has revealed that there is still a significant number of units that have yet to be utilized by most ACT members. The goal is to maintain congruence with the number of units authorized per member with the amount they are using which is in alignment with medical necessity. The implementation of the 3-tier authorized unit system should aid in the reduction of underutilized service units drastically. The information gleaned from that system will be reported within the next quarter.

- *Plan:* Each provider will continue to assess their ACT program for appropriateness for participation in the program while creating transition plans for those who no longer meet medical necessity. With the implementation of the 3-tier system of authorized units, membership will maintain a consistent membership status within each program. This will allow correct enrollment of members who meet criteria to participate in the ACT program.

Activity 2: Evidence-Based Supportive Employment (EBSE)

- *Description:* Individual Placement and Support (IPS) is a form of Evidence-Based Supported Employment (EBSE) that focuses on aiding individuals diagnosed with mental illness in securing gainful employment in a community setting, while providing comprehensive support to increase their success in those acquired positions. DWIHN utilizes IPS as research shows it to be the most effective evidence-based employment program.

Current Status: The total number of individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs providing IPS services, and data gathered internally on MHWIN to ensure for the most accurate information. The following data is based on the total number of members receiving IPS services during the 4th quarter of the 23/24 FY from the 7 CRSPs providing IPS:



- *Significant Tasks During Period:* Adult Initiatives continues to host monthly meetings with the IPS/EBSE supervisors of all CRSPs providing this service. In attendance for the most recent meeting were supervisors from Hegira, Lincoln Behavioral, Guidance Center, ACCESS, Central City, MiSide (Southwest), and MiSide (DCI). Both Hegira and MiSide (DCI) will be included in upcoming data reports as they are now providing IPS services as

intended per the IPS model.

- *Major Accomplishments During Period:* Adult Initiatives participated in another fidelity review with MDHHS and Team Wellness. Team Wellness scored a 101 on their fidelity review, resulting in a “good” scoring, which allows for 2 years before their next review as opposed to 1 year which they were receiving prior with their “fair” score. While working to support the CRSPs providing IPS, four out of the seven have increased their fidelity scores from fair to good. This is another example of significant improvement as it pertains to the work that DWIHN IPS providers are completing.
- *Needs or current issues:* Adult Initiatives is continuing to work with CRSPs to maintain open discussions regarding ongoing and changing needs. CRSPs identify staffing issues which continue to be addressed as they occur. An identified barrier often appears to be hourly/salary rates for employment specialists. An increase in unit rates for services rendered could assist CRSPs in their ability to earn more through the provided IPS services, resulting in more competitive wages for employment specialists. Additionally, the decrease in hospitalizations reflect a cost savings for DWIHN when recidivistic members are engaged in IPS.
- *Plans:* Adult Initiatives will advocate for increase unit rates for services provided. This could allow for improved IPS services for all CRSPs, resulting in stronger staffing, more resources for employment specialists, and better fidelity outcomes for the members served. Adult Initiatives will be hosting an in person IPS supervisor meeting to encourage further engagement from supervision as the virtual setting sometimes decreases supervisor communication.

Activity 3: Clubhouse

- *Description:* Clubhouse is an accredited service, reviewed bi-annually by Clubhouse International, and provides daily activities to members with persistent mental illness. Clubhouse is voluntary and without membership term lengths. Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy. The goal is to help members regain self-worth, purpose, and confidence.

Current Status: **All the Clubhouses within DWIHN’s provider network are accredited.** The total number of Clubhouses within DWIHN is five, provided by the following CRSPs: ACCESS (Hope House), DCI (New Direction), Goodwill (A Place of Our Own), Hegira (Turning Point) and LBS (The Gathering Place)

The 4th quarter average membership at each location is as follows: (Chart below for quarterly comparisons)

- ACCESS (Hope House): 222

- DCI (New Directions): 52
 - Hegira (Turning Point): 125
 - Lincoln Behavioral (The Gathering Place): 125
 - Goodwill (A Place of Our Own): 123
- *Significant Tasks During Period:* Adult Initiatives hosted their quarterly clubhouse director's meeting, prioritizing discussion surrounding unit rates and MRS engagement. Unit rates continue to be an area of concern for all directors as it pertains directly to a clubhouse's ability to provide services as expected, per fidelity.
- *Major Accomplishments During Period:* Adult Initiatives has met with all the above-listed Clubhouses including interacting with their members and their directors. They have received tours, as led by members, (which is one of the areas that are to be ensured during visits) and received feedback from the directors about expectations as is relates to Clubhouse International guidelines and policy. Directors of DWIHN's network of clubhouses continue to be present, engaged, and involved in ensuring that their corresponding clubhouse continues to perform per state and international expectations.

Following completion of the first quarterly clubhouse directors meeting, Adult Initiatives was provided with significant feedback and insight from the long-term directors of the above-listed CRSPs. They informed Adult Initiatives of data that they were already collecting, including TE, SE, and IE, as well as annual CPQ (Clubhouse Profile Questionnaire), which will all be shared with Adult Initiatives.

- *Needs or Current Issues:* Clubhouse directors indicated a strong need for DWIHN involvement with advocating and improving unit rates. Currently, each individual unit is at \$5.15 for a 15-minute unit. This is the second lowest clubhouse unit rate in the entire state of Michigan. For clubhouse providers to continue to provide daily necessities, transportation, outings, employment opportunities, social improvements, and educational opportunities, it was asked by directors that the unit rate be looked at for consideration.
- *Plans:* Adult Initiatives plan is to increase their role in monitoring the clubhouses including maintaining accreditation, monitoring overall memberships, and observing through scheduled visits as necessary. Adult Initiatives will engage in meetings with Clubhouse International, attend training courses as it pertains to improving understanding and oversight, and attend fidelity reviews at locations. Continued data collection will occur to best identify improvement rates as it relates to member employment, member engagement in outpatient treatment, and ensuring that clubhouses have appropriate services for our members, per fidelity and DWIHN policies. Adult Initiatives will be hosting an in person IPS supervisor meeting to encourage further engagement from supervision as the virtual setting sometimes decreases supervisor communication.

Program Compliance Committee Meeting
PIHP Crisis Services Department, Quarterly Report, 4th Quarter FY 23/24
Daniel West, Director of PIHP Crisis Services
Date: 10/9/2024



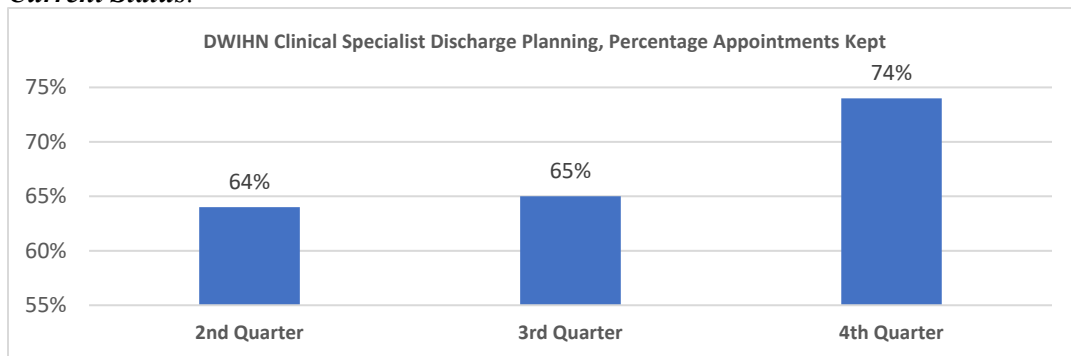
Main Activities during 4th Quarter Reporting Period: FY23/24

- Inpatient discharge planning, no CRSP upon admission.
- Reduce recidivism.
- Reduce inpatient hospitalizations.

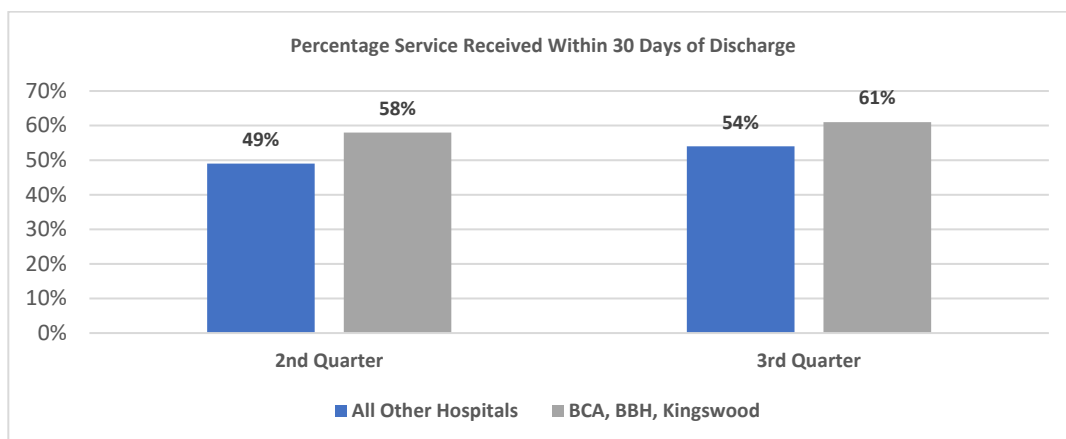
Progress On Major Activities:

Activity 1: Inpatient discharge planning, no CRSP upon admission.

- **Description:** Hospital Liaisons in the PIHP Crisis Services Department meet with members face-to-face at Beaumont Behavioral Health (BBH), BCA Stonecrest, and Henry Ford Kingswood (HFK). Liaisons ensure members are engaged in their own discharge planning, identifying barriers and supports for a successful transition to services in the community.
- **Current Status:**



	Appointments Scheduled	Appointments Kept
2nd Quarter	152	97
3rd Quarter	176	114
4th Quarter	137	102



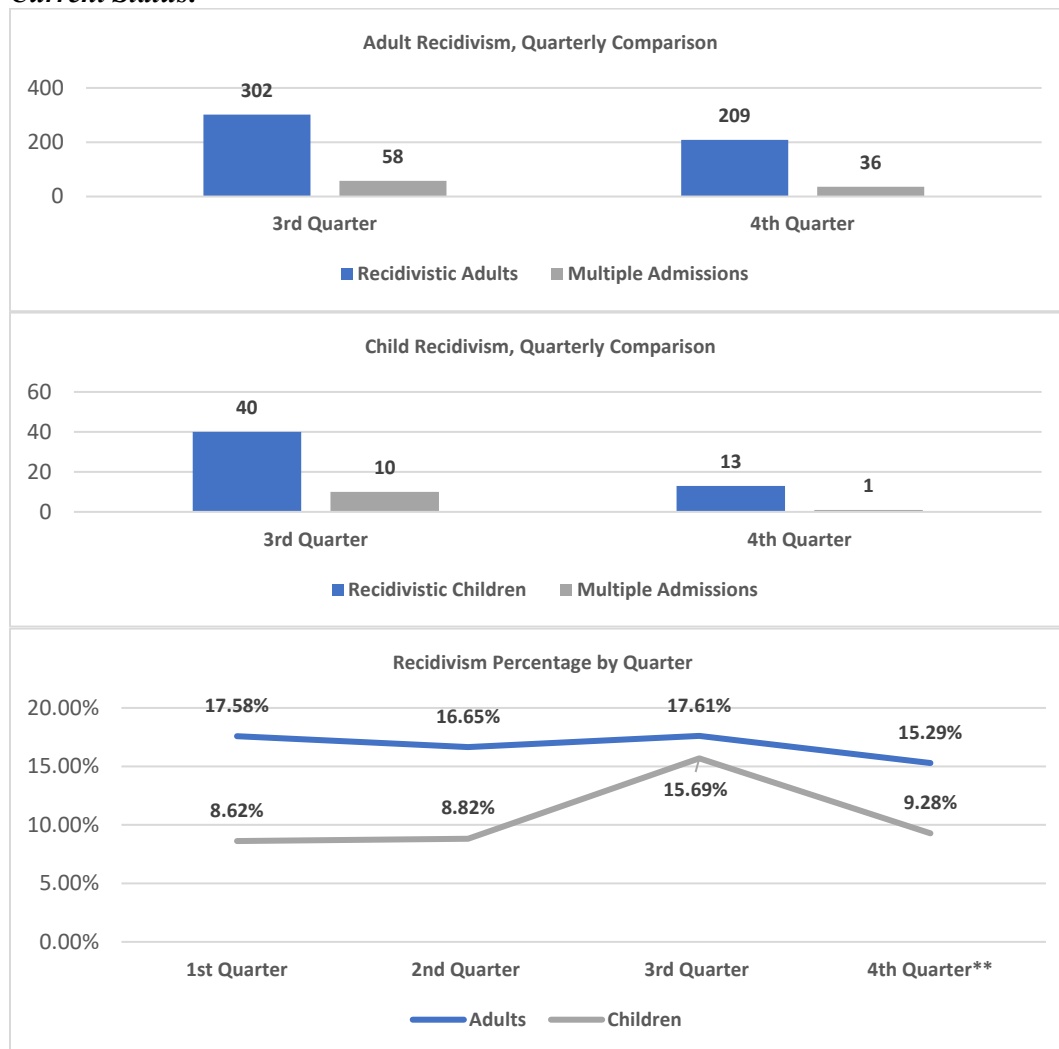
- **Major Tasks and Accomplishments During Period:** The team saw 137 members in the 4th quarter, and 102 kept their aftercare appointments (74%). Clinical Specialists in the PIHP Crisis

Services Department improved overall percentages of members receiving service within 30 days of discharge based on claims data. Clinical Specialists showed an increase in service connection upon discharge at the hospitals we target as opposed to all other hospitals not in the pilot.

- **Needs or Current Issues:** The team has found there to be an overall trend in reasons members do not keep their aftercare appointments upon visitation. Transportation is the main concern, with contact information as the second most common barrier.
- **Plan:** In the meetings regularly scheduled with the inpatient providers, the team will share contact information and referral process for transportation referrals to Godspeed and Mariners Inn, as well as reiterate the importance of updating contact information to be included in the discharge planning paperwork provided to the CRSP upon discharge.

Activity 2: Reduce Recidivism.

- **Description:** The PIHP Crisis Services Department works with screening agencies and the CRSPs to identify recidivistic members in crisis, and notify the CRSP of member crisis screenings. The team ensures the CRSP is involved in proactive treatment planning for members to reduce rapid re-admissions to an inpatient level of care.
- **Current Status:**

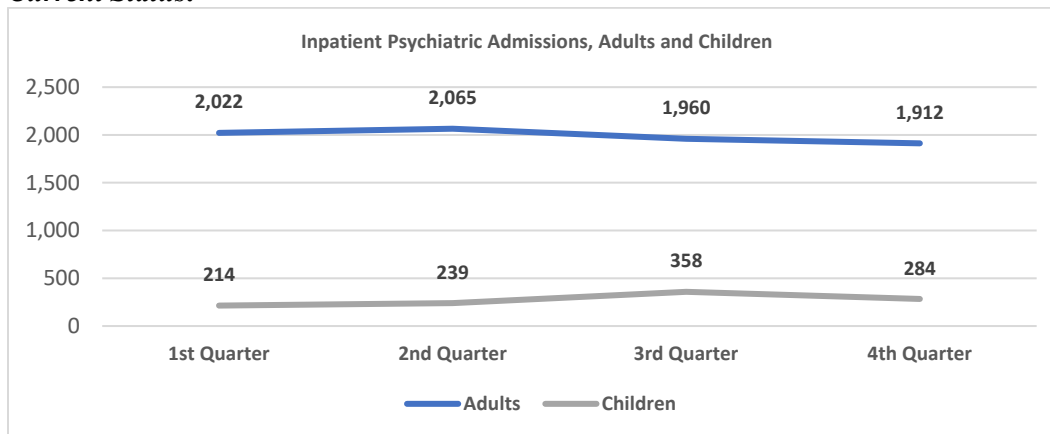


**4th Quarter Data Preliminary, target <15%

- **Major Tasks and Accomplishments During Period:** In the 4th Quarter, the PIHP Crisis Services Department contributed to a 30% reduction in the number of adults considered recidivistic, and a 38% reduction in the number of adults with multiple admissions. Similarly, the team contributed to a 67% reduction in the number of children considered recidivistic and a 90% reduction in the number of children with multiple admissions.
- **Needs or Current Issues:** The team has recognized the need for prompt CRSP notification of all screenings, and the need for the CRSP to modify current treatment planning to be proactive in supporting a reduction in recidivism. The team has also recognized the need for increased referrals to the DWIHN Care Center and COPE/Team Crisis Stabilization Units where medically necessary.
- **Plan:** PIHP Crisis Services has created the expectation that screening agencies notify the assigned CRSP of all members who have been screened in crisis. Screening agencies will identify recidivistic members, consult with their psychiatrists, and work with the CRSP to ensure the level of care is provided in the least restrictive environment. For members who present without a CRSP, a clinical specialist from the team will work with the family to select a provider for ongoing services. The team will continue working with the DWIHN recidivism workgroup Monthly.

Activity 3: Reduce inpatient hospitalizations

- **Description:** The Crisis Services Department works with CRSPs, screening agencies, DWIHN Mobile Crisis, and the DWIHN Adult/Children's Initiatives Departments to reduce the number of inpatient hospitalizations. DWIHN Liaisons share clinical information with the assigned CRSPs to promote care in the least restrictive environment.
- **Current Status:**



- **Major Tasks and Accomplishments During Period:** Inpatient hospitalizations have trended downward for adults after an increase in the 2nd quarter for adults, and there was a decrease in inpatient hospitalizations for children from the 3rd quarter where the team found a significant increase.
- **Needs or Current Issues:** The team found there to be a need to promote utilization of crisis stabilization units for members in need of stabilization to avoid unnecessary inpatient hospitalizations, along with a need for continued efforts to secure levels of care in the least restrictive environment per medical necessity.
- **Plan:** The team will utilize the established referral method for crisis stabilization units and the established method of communication among CSUs for bed availability for members in crisis. The team will provide these methods to the screening agencies and monitor utilization.

Quarterly Update:

- ***Things the Department is Doing Especially Well:***

The PIHP Crisis Services Department has contributed to an increase in the percentage of members receiving a service within 30 days of discharge from specific hospitals. The team has also shown effectiveness in facilitating communication of members who receive a crisis screening between the screening agencies and the assigned CRSPs.

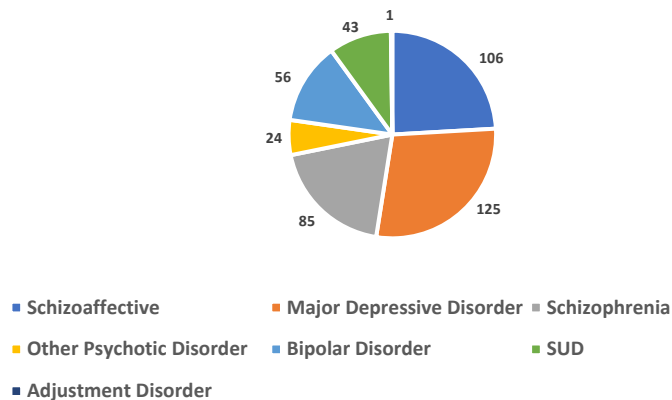
- ***Identified Opportunities for Improvement:***

The Crisis Services Department found there to be a need for continuous quality improvement in CRSP notification of members in crisis.

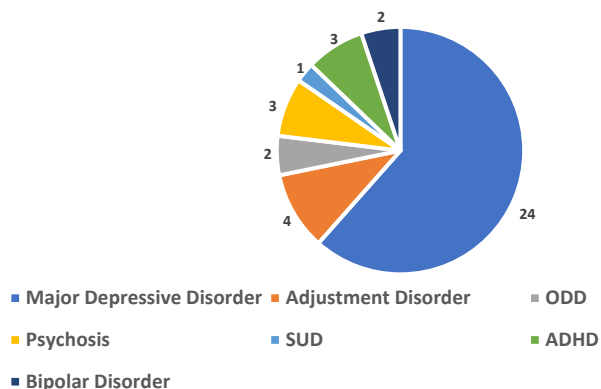
- ***Progress on Previous Improvement Plans:***

- PIHP Crisis Services is now utilizing the report created to indicate most common diagnoses per inpatient admissions for adults and children. This information will be shared with Adult and Children's Initiatives Departments for analysis and targeted interventions. The most common diagnosis upon admission for adults and children in the 4th quarter is Major Depressive Disorder.

Most Common Adult Inpatient Admissions by Diagnosis, 4th Quarter



Most Common Child Inpatient Admissions by Diagnosis, 4th Quarter



Program Compliance Committee
Michele Vasconcellos Director, Customer Service
4th Quarter Report, Fiscal Year 2023/2024

- 1. Customer Service Calls
- 2. Grievances and Appeals
- 3. Member Engagement

Activity 1: Customer Service Calls

The Customer Service Call Activity is inclusive of the Reception/Switchboard and Call Center. MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

Reception/Switchboard Reception/Switchboard

	4th Quarter FY 23/24		4th Quarter FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	3,778	1%	3,449	1.2%

Customer Service Call Center

	4th Quarter FY 23/24		4th Quarter FY 22/23	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWHN Customer Service	2,652	3%	1,453	4.8%

Significant Activities:

- When comparing the call volume of Fiscal years 23/24 and 22/23, it can be observed that for the Switchboard there was an increase in the call volume, and the abandonment rate remained below 5%.
- When comparing the numbers for the Customer Service Call Center for Fiscal years 23/24 and 22/23, the numbers show a significant increase in the call volume for 23/24 and a decrease in the abandonment rate.
- The new phone system (Genesys Cloud) has been in operation for almost a year now. It has significantly improved our ability to assess call volume and abandonment rate. With its drill-down mechanism, we can now efficiently and confidently identify the causes of abandoned calls, leading to a noticeable decrease in the call abandonment rate within the Customer Service call center. This efficiency and confidence in the system's performance are key to our success.

Accomplishments:

- Additional Customer Service staff were assigned to the Call Center and the Reception/Switchboard area to address back-up staffing concerns.
- Training was conducted with new staff members on the Gynesis phone system.

Activity 2: Grievances and Appeals

Customer Service ensures that members are provided with their means to due process. The due process is inclusive of Complaints, Grievances, Appeals, Access to Mediation and State Fair Hearings.

Complaint and Grievance Related Communications

	4th Quarter FY23/24	4th Quarter FY22/23
Complaint/Grievance Correspondence	565	781

Note: Began to track all communications, calls. Emails and mail mid FY 22/23

Grievance Processed

Grievances	4th Quarter FY23/24	4th Quarter FY22/23
Grievances Received	18	33
Grievances Resolved	16	23

Grievance Issues by Category

Category	4th Quarter FY23/24	4th Quarter FY22/23
Access to Staff	4	4
Access to Services*	4	11
Clinical Issues	0	4
Customer Service	2	7
Delivery of Service*	11	5
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	1	0
Interpersonal*	4	19
Org Determination & Reconciliation Process	0	0
Program Issues	1	0
Quality of Care	0	2
Transportation	0	0
Other	3	2
Wait Time	0	0
Overall Total	30	55

Note: A grievance may contain more than one issue. 3 top areas of grievance for Quarter 4 of FY23/24= Interpersonal, and a three way tie for second place: Access to Staff, Access to Service and Customer Service. 3 of FY22/23, the top 3 areas were Interpersonal, Access to Services and Customer Service.

MI Health Link (Demonstration Project) Grievances

Grievance	4th Quarter 24	4th Quarter 23
Aetna	0	0
AmeriHealth	0	0
HAP Empowered	0	0
Meridian Complete	0	0
Molina	0	0
Overall Total	0	0

Appeals Advance and Adequate Notices

Notice Group	4th Quarter FY23/24 Advance Notices	4th Quarter FY23/24 Adequate Notices	4th Quarter FY22/23 Advance Notices	4th Quarter FY 22/23 Adequate Notices
MI	4318	705	5,105	1,075
ABA	416	68	346	23
SUD	246	116	276	36
IDD	748	106	830	157
Overall Total	5,728	995	6,557	1,291

Adequate Notice: Written statement advising beneficiary of a decision to deny or limit Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.

Advance Notice: Written statement advising the beneficiary of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.

***Information for 4th Quarter 2024 shows the numbers reported to PCC as the information is not received until after the 5th of the Month. Corrected information will be reflected in the annual report**

Appeals Communications

	4th Quarter FY23/24	4th Quarter FY22/23
Appeals Communications Received	544	459

**Communications include emails and phone calls to resolve appeals.*

Appeals Filed

Appeals	4th Quarter FY 23/24	4th Quarter FY 22/23
Appeals Received	13	47
Appeals Resolved	12	53

DWIIHN State Fair Hearings

SFH	4th Quarter FY 23/24	4th Quarter FY 22/23
Received	1	0
Scheduled	1	0
Dismissed or withdrawn	1	0
Transferred out	0	0
Upheld by MDHHS	0	0
Pending	0	0

MI Health Link (Demonstration Project) Appeals and State Fair Hearings

4th Quarter FY23/24 and FY22/23

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Fidelis	0	0
HAP/Midwest	0	0
Molina	0	0
Total	0	0

3 top areas of grievance for Quarter 4 of FY23/24= Interpersonal, and a three way tie for second place: Access to Staff, Access to Service and Customer Service. The top 3 of FY22/23, the top 3 areas were Interpersonal, Access to Services and Customer Service.

Significant Activity:

- There was 1 request for a DWIHN State Fair Hearing in the 4th quarter that was turned into a pre-conference hearing a Medicaid member. There have consistently been no appeals or State Fair Hearings for MI Health Link members.
- The Customer Service Due Process Department in concert with Utilization Management successfully defended files for the HSAG review in September garnering a pass for the file review. Due Process also had to provide information and defense for Standards 1 and 3 respectively.
- Both teams of Customer Service continue to provide ongoing training to the network as well as work in concert intradepartmental and interdepartmental to ensure the compliance of our providers. The unit welcomed a new Grievance Specialist.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided the opportunity for DWIHN and Community inclusion. In addition to promoting principles of advocacy, member rights, and responsibilities, the use of focus groups, surveys, and outreach are utilized to address areas for valued participation and interaction. This feedback is essential to DWIHN's ability to address member, provider, and community concerns and prioritize new initiatives.

Significant Activity:

Walk-A-Mile: Coordinated Detroit-Wayne's participation in 20th Anniversary of Walk-A-Mile on September 17 in Lansing. Bus transportation was provided for 55 members. Attendance was 230 from Detroit Wayne County. Lower attendance was potentially due to MACMHB having to change the date at the last minute. DWIHN Peer Agents, Dwight Harris was the Emcee and had been asked by MACMHB's for the second consecutive year to be the host and Shelley Nelson was the flag bearer for DWIHN.

Voter Education: Continued voter education events, at clubhouse and drop in. Also hosted a Voter Education Registration Participation event for candidates to discuss their platform before the Michigan Primary. Over 22 potential candidates presented and talked about significant issues of the community and took some questions. Vendors included the Detroit Elections Commission who also talked about voter suppression issues and how to report discrimination at the polls. Attendance varied throughout the day with the total of about 72 persons attending. Additionally, 13 people were registered to vote.

Men's Conference: Hosted the Inaugural Men's Conference, with the theme, *Circle of Strength – Men Helping Men*, on Saturday September 21st, 2024 at the Considine Center. Community Speakers included author and motivational speaker Dr. Eddie Connor, who spoke on the Mask of Masculinity. Keith Bennett, who spoke on the Legacy of Mental Health and Wellbeing for Men, Will Childs, D.O., talk on physical health, Spirituality and Real Talk amongst men. Other speakers were Dylan Price, Laurence Wilson, Virgil Smith, Nolan More, Dwight Harris and Michael McElrath from DWIHN were lead on the event where about 79 people attended. A portion of the conference was supported by a donation from the DeMaria Construction Management Company. Eight Vendors also supported the event with their services and information. A second event is being planned for Spring 2025.

Dreams Come True: Hosted Member Engagement Dreams Come True Awards Luncheon. This year 11 awardees were honored for their specific requests. Each awardee will receive a \$500 donation towards assisting and promoting, their dreams come true, a more thorough description of these awardees will be featured in the fall edition of the PPOV.

Peer Services: Member Engagement continues to work to develop necessary trainings to earn Peer CEU's through the state. The Welli Training as well as social justice trainings are being developed by Peers and led by the office of Peer Services.

Three Peer Agents have been hired in the Member Engagement unit with one vacancy remaining. 9/30/2024.

Constituent Voice (CV):

Myneisha Calhoun the Staff Liaison for the Advisory Committee was recently promoted out of the unit and therefore a vacancy exists. A replacement is expected before the end of the year.

Member Experience: Preparing for the Annual National Core Indicator Survey activity with Wayne State University/ Development Disabilities Institute, each year the content of the survey and information that primarily measures certain indicators of the IDD system rolls. Wayne County expected to provide more than a third of the State's responses.

In addition, the Annual ECHO for Children and Adults 2024 has just been completed with summary results, to be shared with various groups in the coming Quarter.

Souls Chat: Hosted special editions of SOULS Chat for Father's Day, Juneteenth, Independence Day, and Labor Day. The one-hour events share in casual conversation on faith, family, relationships, and socialization via a zoom platform. A SOULS Chat is planned for Thanksgiving Day.

Submitted by: Michele A. Vasconcellos MSA, Director, Customer Service 10/1/2024.

Program Compliance Committee Meeting
Rai Williams/Director of Managed Care Operations Quarterly Report
July – September 2024
October 9, 2024



Main Activities during August:

- **Credentialing**
- **New Provider Changes to the Network/Provider Challenges**
- **Procedure Code Work Group**

Progress On Main Activities:

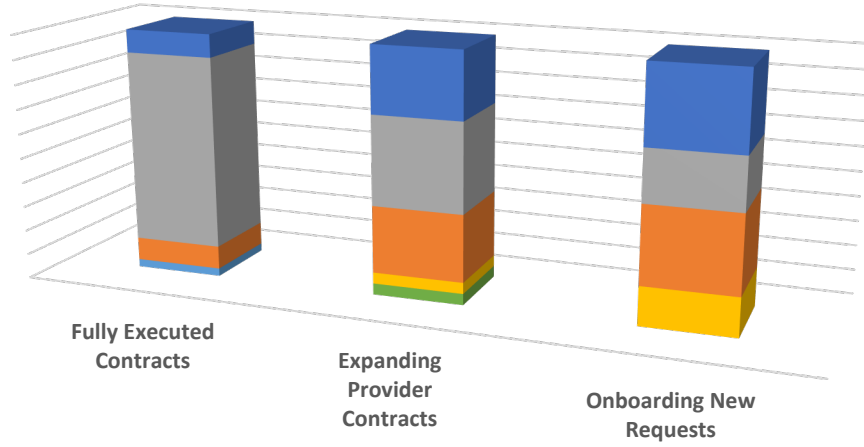
Activity 1: Credentialing

- *Description:* The vetting and approval process for both current and new provider(s) into the DWIHN provider network.
- *Current Status:* Q4 Fiscal Year 23/24- 372 practitioners were approved, and 46 providers were approved.
- *Significant Tasks During Period:* The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. Credentialing is updating policies to comply with 2025 NCQA standards, ICO agreements and MDHHS agreement. We have also continued to meet with MDHHS in the testing of the Customer Relationship Management (CRM) system for Universal Credentialing. The Credentialing Administrator and Credentialing & Impaneling positions has been filled. This unit is now fully staffed.
- *Major Accomplishments During Period* We passed our Aetna Credentialing Delegation audit and Meridian 2023 Annual Policy & Credentialing File Review Audit. We submitted all required documents for Molina 2023 DWIHN Annual Audit CAP. We are awaiting the results. This board also approved the new Credentialing Verification Organization, HealthStream Inc. We look forward to bringing the new system onboard as we also work with Medversant on a transition plan.
- *Plan:* We are working to collaborate with additional teams on Readiness and Environmental & Safety site reviews. We are also looking to move our Medversant training to a training platform for ease and accessibility for the network, to include a questionnaire and attestation of completion. This will improve attendance and prevent any delays in credentialing timelines.

Activity 2: New Provider Changes to the Network/Provider Challenges

- *Description:* Providers continue to be challenged with staffing shortages. DWIHN's CRSP provider Meetings and Access Committee closely monitors the impact of staffing shortages and works with providers to develop strategies to address network shortages. DWIHN has an Onboarding Process to facilitate the evaluation and vetting of new providers. RFPs are used as a strategy to recruit providers/programs in significant shortage.
- *Current Status:* DWIHN continues to monitor and notice changes in the network. We are adding additional providers to our network based on need. Request for Proposals (RFP) are also utilized as a means recruiting new providers, particularly in areas of shortages (e.g. Autism). In Q4 Fiscal Year 23/24 there was a total of 16 new location/service additions and 13 new providers added to the DWIHN network.

Contracted & Onboarding Providers FY23/24 4th Quarter

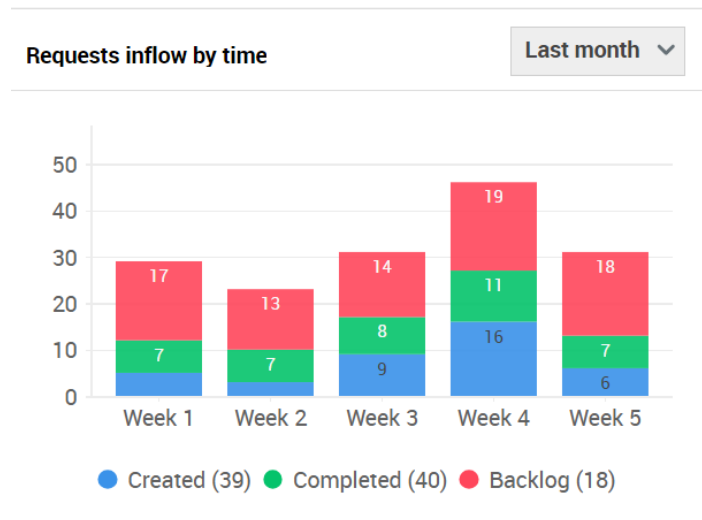


	Fully Executed Contracts	Expanding Provider Contracts	Onboarding New Requests
OVERALL TOTALS	3	6	6
Outpatient	25	8	4
Residential	3	6	6
Autism	0	1	3
SUD	1	0	0
Declined Offers	0	1	0

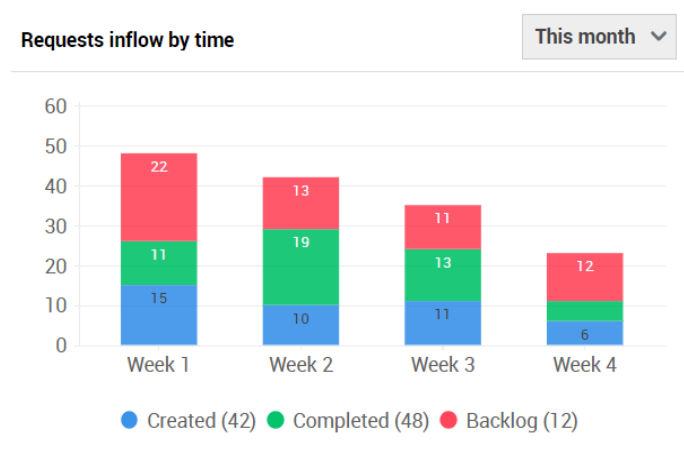
- Significant Tasks During Period:** MCO Provider hotline in Genesys is a dedicated telephone number again to assist new providers or those wishing to receive assistance with provider-related issues, concerns or questions. So far 3 staff answer the queue. 9 calls have been recorded during Q4 FY 23/24. We had our HUD PNM start this quarter. MCO is working on our Monitoring of Subrecipients for our Housing Programs. MCO has provided technical assistance with all HUD applications, projects, payment processing and grant submissions and in the development of a quarterly report. This has been a huge improvement to our processes ensuring compliance with our funding sources.
- Major Accomplishments During Period:** We routed 370 Outpatient, Residential, Autism and SUD contracts for FY24/25. We had 8 close outs during Q4, including 3 mergers. Executed 15 Single Case Agreements. Uploaded 786 records with supporting documentation to the MDHHS CRM system. Submitted all documents required for 2024 MI PIHP PMV & NAV HSAG Audit and 2024 HSAG Compliance Review Audit and received good remarks in regard to our network adequacy processes.
- Plan:** Ensure all contracts are routed and executed for FY25. Utilize Quest Analytics to ensure compliance with MDHHS network adequacy standards. Do a deep dive into CRSP Risk Matrix to identify areas for provider education and training. Develop more provider resources and education materials for contracting questions. Revise training materials for Managed Care Operations Staff.

Activity 3: Procedure Code Workgroup (PCWG)

- *Description:* The Procedure Code Workgroup assists providers and DWIHN departments by troubleshooting claims, rate updates, CPT code requests, Contract program requests, add COFR contracts, and authorization concerns.
- *Current Status:* Q4 Fiscal Year 23/24, the PCWG resolved 110 tickets; 1754 MDHHS rate updates; 326 new codes, 103 provider requested changes.
- *Significant Tasks During Period:* project: Deployed H0002 to 15 MH Child Outpatients Providers and 14 to IDD Children's Providers. Trained new departments on how to submit tickets for provider change requests.
- *Major Accomplishments During Period:* Maintaining PCWG Helpdesk tickets below a maximum of 10
- *Plan:* Continue to track turnaround times for PCWG tickets. Ensure new programs and services are added and available for use. Continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.



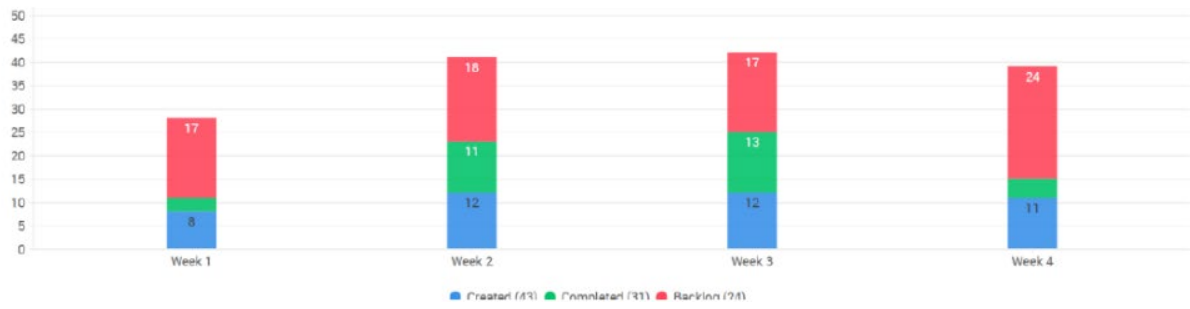
July 2024 PCWG Tickets



August 2024 Procedure Work Group Tickets

Requests inflow by time

This month ▾



September 2024 Procedure Work Group tickets

**Program Compliance Committee Meeting
Utilization Management – Quarterly Report
Marlena J. Hampton, MA, LPC - Interim Director
October 9, 2024**



Main Activities during Quarterly Reporting Period:

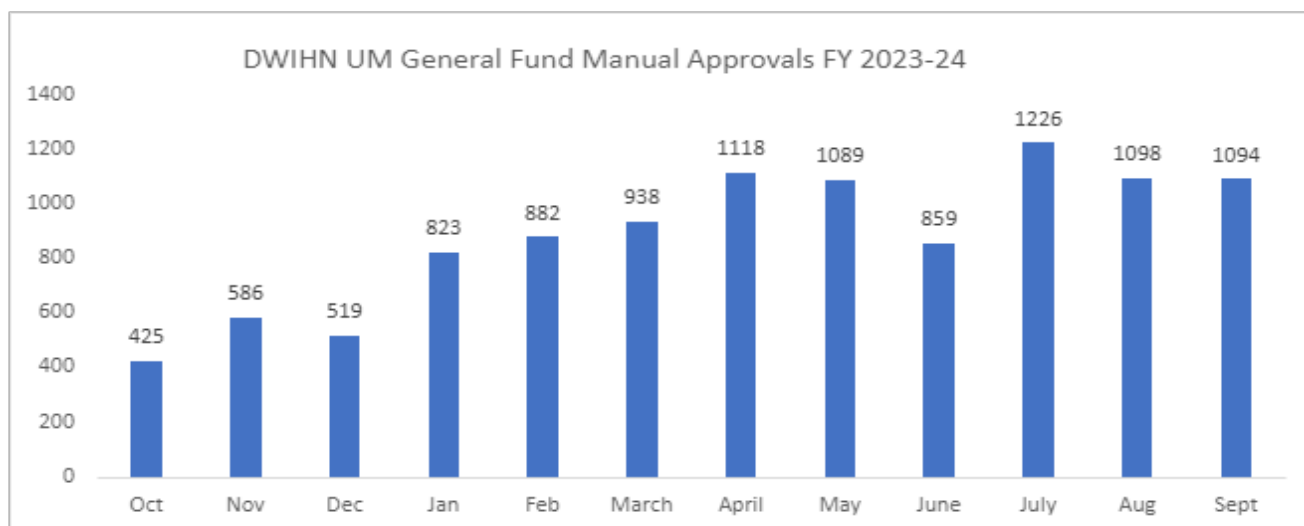
- General Fund Exception Updates
- Habilitation Supports Waiver (HSW) Program
- Outpatient Authorization Updates

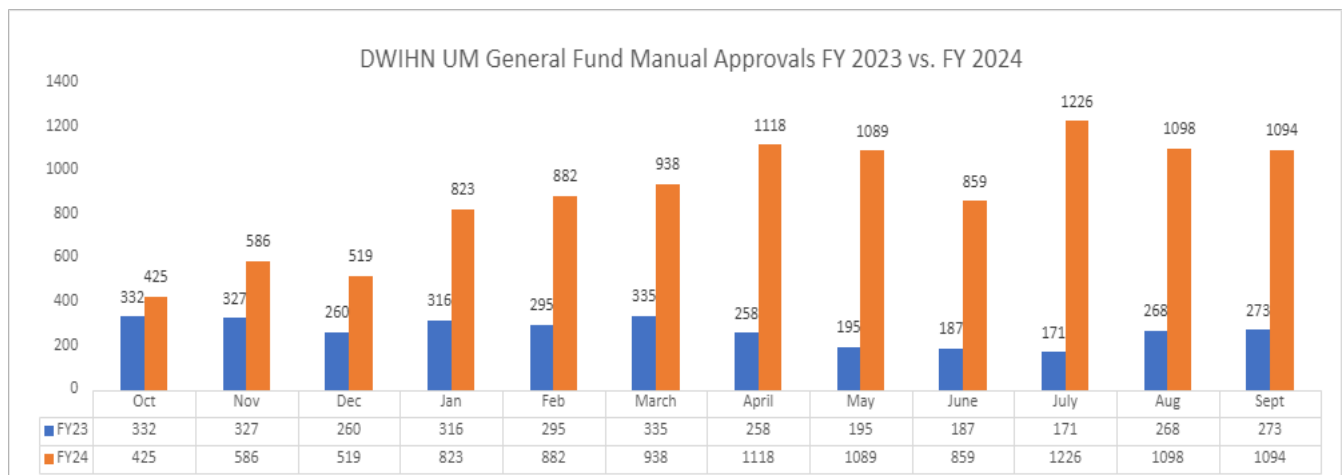
Progress On Major Activities:

Activity 1: General Fund Exception Updates

- *Description:* General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway.

Current Status: There was a significant increase in General Fund Exception manual approvals between FY-23 & FY-24, following termination of the Pandemic Emergency Order. During the Order, changes were made to Medicaid program eligibility, administration, and policies to prevent beneficiaries from losing health insurance. Now, many members are no longer eligible or failing to take the necessary steps to keep their benefits active (e.g., missed redetermination dates).





- *Significant Tasks During Period:*
 - Review & Revision of General Fund Benefit Grid
 - Continued Discussion of Non-Clinical Quality Improvement Assessment
- *Major Accomplishments During Period:*
 - After meeting with internal clinical teams & subject matter experts, as well as communicating with other PIHPs, the General Fund Benefit Grid underwent additional revisions. Implementation date 11/1/24. We will continue to evaluate utilization and report relevant findings.
 - The General Fund UM Specialist, with support of leadership, continues collaboration with the Quality Department to develop a non-clinical Quality Improvement Activity/Assessment (QIA), Goals include decreasing the number of General Fund Exception requests and assisting eligible members with maintaining their Medicaid. UM Specialist receives relevant NCQA standards and technical assistance for use in refining the plan.
- *Needs or Current Issues:* Clinically Responsible Service Providers (CRSPs) are requesting General Fund Exceptions beyond its intended purpose as a gap service/temporary coverage for members. As a result, we are actively reviewing and revising our General Fund Benefit Plan. Essential services have been identified and will be covered only for members who do not have Medicaid. Of note, we acknowledge that some members will experience extenuating circumstances. These requests will be reviewed by our team on a case-by-case basis.
- *Plans:* In addition to review of the General Fund Benefit Plan, we continue to review overall service utilization and process improvement. The General Fund UM Specialist has introduced messaging to remind members of annual Medicaid redetermination via posters in public spaces. As a part of the updated benefit plan, members with Medicaid spenddown/deductible will be excluded, as this is considered an active Medicaid plan. Also, as previously mentioned, the updated grid now only includes an identified list of essential services.

Activity 2: Habilitation Supports Waiver (HSW) Program

- *Description:* The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).
- *Current Status:* During Quarter 4, the HSW program maintained an average of 99.8% utilization. A total of 1,082 program slots were used. This exceeds the state program requirement of 95% slot utilization.

HSW Utilization Fiscal Year 2023-24												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084	1078	1082	1082	1082
Available	22	4	0	0	1	1	1	0	0	2	2	2
New Enrollments	12	27	10	4	6	8	4	4	8	3	13	22
Disenrollments	2	4	2	2	5	3	1	9	2	8	2	2
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.8%	99.8%	99.8%

HSW Utilization Fiscal Year 2022-23												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1009	1009	1008	1007	1007	1005	1015	1019	1026	1029	1037	1054
Available	76	76	76	77	77	79	69	65	58	55	47	30
New Enrollments	9	5	6	2	7	6	13	11	13	17	16	22
Disenrollments	4	8	4	8	8	3	4	6	7	6	5	2
Utilization	93%	93.1%	93%	92.9%	92.9%	92.7%	93.6%	94%	94.6%	94.9%	95.8%	97.2%

- *Significant Tasks During Period:* The HSW team continues the identification, monitoring, and follow-up of members who have not utilized the required one (1) HSW service per month. The Utilization Manager continues to work with CRSPs regarding barriers and remedies to appropriate service utilization.

- *Major Accomplishments During Period:* Thanks to the HSW team’s diligence and dedication to our members & provider network, MDHHS has assigned DWIHN forty-one (41) additional slots, beginning 10/1/24. This increases our total available slots from 1,084 to 1,125. We will now be able to clear our current waitlist and work to serve even more of our members.
- *Needs or Current Issues:* As noted above, the UM Department contacted CRSPs for feedback regarding HSW-enrolled members not utilizing at least one (1) service per month. CRSPs previously reported trends of no service related to staffing issues, members being out of town, and members having extended hospital stays. The UM department persists in working with providers to address the staffing issues, and to ensure that the network understands when to make members inactive in the Waiver Support Application (WSA) management tool to ensure accurate reporting.
- *Plans:* Between Quarters 2 & 3, DWIHN instructed CRSPs to disenroll members from HSW who are not consistently utilizing at least one (1) HSW service per month. Claims are received by the State approximately sixty (60) days following service delivery; therefore, we anticipate changes will be reflected on or soon after October 1, 2024. New data will be reviewed and reported at that time.

Activity 3: Outpatient Authorization Updates

- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including Outpatient and SUD.
- *Current Status:* Based on historic over & underutilization data, Utilization Management develops Service Utilization Guidelines (SUGs) for behavioral health requests – a group of pre-approved services for members with similar needs. The remaining authorization requests are manually approved by UM staff. The process also includes review of assessments, the person-centered planning process, and the Individual Plan of Service (IPOS). In addition to SUGs, the department periodically revisits internal procedures to improve efficiency of utilization review and decrease/eliminate delays in service delivery or authorization.

This process does not currently exist for SUD authorization requests. All requests are manually approved by staff.

- *Significant Tasks During Period:*
 - Work with IT on development of automated functions & reminders in MHWIN.
 - Discussion and development of service utilization guidelines for SUD authorizations.
- *Major Accomplishments During Period:*
 - Pending updates to “Return to Requester” queue, including electronic reminders to CRSPs for documentation return, will decrease time from authorization request to disposition.
 - UM Administrator is developing SUGs for SUD line of business. Process includes collaboration with DWIHN SUD, as well as communication with other PIHPs.
- *Needs or Current Issues:* Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. We currently are allotted fourteen

(14) days to make the same determinations. Utilization Management, with support from the VP of Clinical Operations, Chief Medical Officer, and IT Department, are actively working to implement process and procedural changes to meet this new requirement for all authorization requests, including SUD.

- *Plans:*
 - While we await IT implementation, UM Administrator retrain UM staff and areas of the provider network on entry and processing of authorization requests.
 - UM Administrator to complete provisional SUD service utilization guidelines and review with leadership & stakeholders. Interim Director will continue to communicate with other PIHPs for additional feedback.

Quarterly Update:

- **Things the Department is Doing Especially Well:**
 - The Interim UM Administrator for Higher Levels of Care (Inpatient/PHP/CRU) is currently training recently contracted hospitals on completing documentation in MHWIN. Additionally, UM Administrator and Interim Director are working with PIHP Crisis Services on developing UM-related trainings for the incoming PAR Dispatch team and current screening entities.
 - Interim UM Director presents “Introduction to Utilization Management” to several departments. Presentation includes operational department definitions, information about UM lines of business, and contact information. Goals are to improve communication between departments and direct others to the correct persons/service areas when contacting UM.
 - Again, congratulations to the HSW team on nearly 100% slot utilization and allocation of additional slots to serve our members!
- **Identified Opportunities for Improvement:**
 - Interim Director continues work to improve depth of reporting for higher levels of care (inpatient, partial hospitalization, and crisis residential), including drilled down authorization and provider information, and recidivism. Next steps include meeting with Director of Fiscal Informatics & Analytics to review data sources and interpretation.
- **Progress on Previous Improvement Plans:**
 - Interim Director of Utilization Management continues education and information gathering. Next steps include intensive review of UM policies, procedures, and program description. Goals include alignment of documentation with NCQA, HSAG, and PIHP/CMSHP contract requirements & feedback.



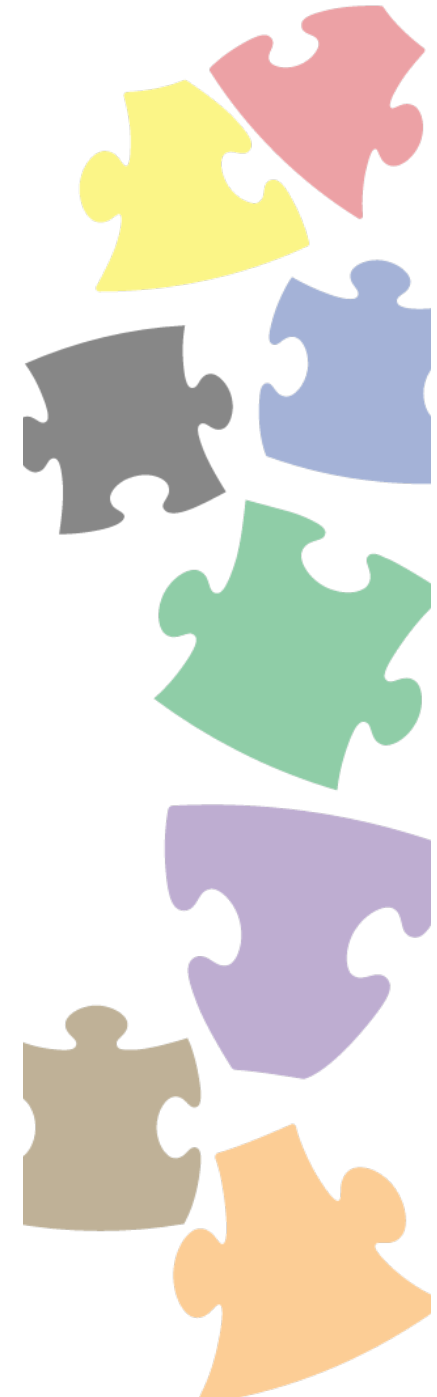
Cybersecurity Status Report

Presented to
DWHN
Board of Directors



Introduction

This presentation provides an overview of the current state of cybersecurity within our DWIHN, including recent incidents, threat landscape, and ongoing initiatives to strengthen our security posture.



Current Threat Landscape

Specific cyber risks to healthcare providers:

1. Increasing frequency and sophistication of cyber attacks.
2. Rise of ransomware and phishing attacks.
3. Growing threats from nation-state actors.
4. Vulnerabilities in supply chain and third-party services.
5. Insider threats and human error.



Healthcare Breach Statistics

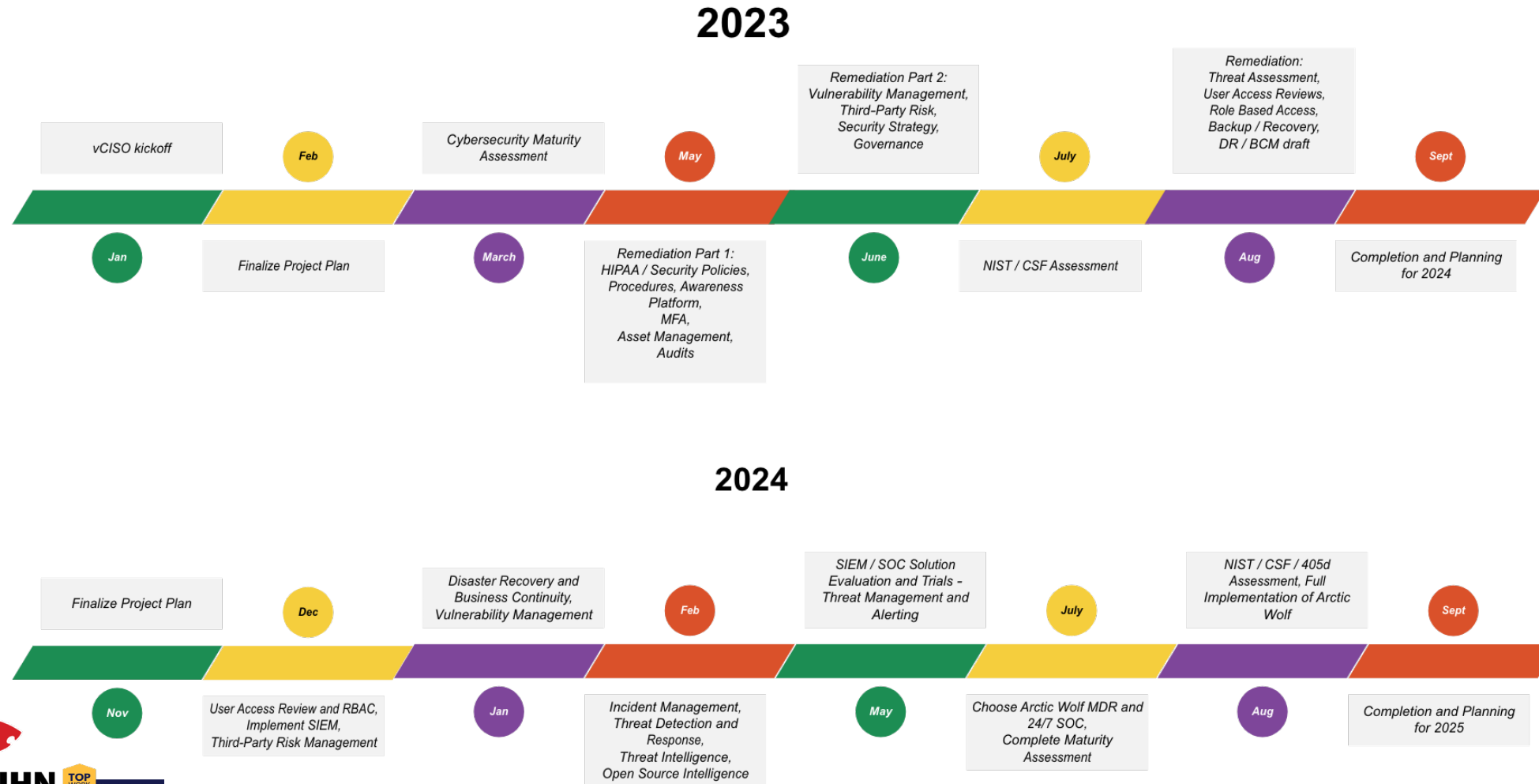
Trailing 12 Months

- Total Incidents = 651
- Total Individuals Affected = 130+ million

Type of Breach		
Hacking/IT Incident	549	88%
Unauthorized Access/Disclosure	82	13%
Improper Disposal	2	>1%
Loss	6	>1%
Theft	12	2%

Covered Entity	Covered Entity Type	Individuals Affected	Breach Submission Date
Welltok, Inc.	Business Associate	14+ million	11/6/23
Kaiser Foundation Health Plan, Inc.	Health Plan	13+ million	4/12/24
HCA Healthcare	Business Associate	11+ million	7/31/23

Cybersecurity Program Timeline

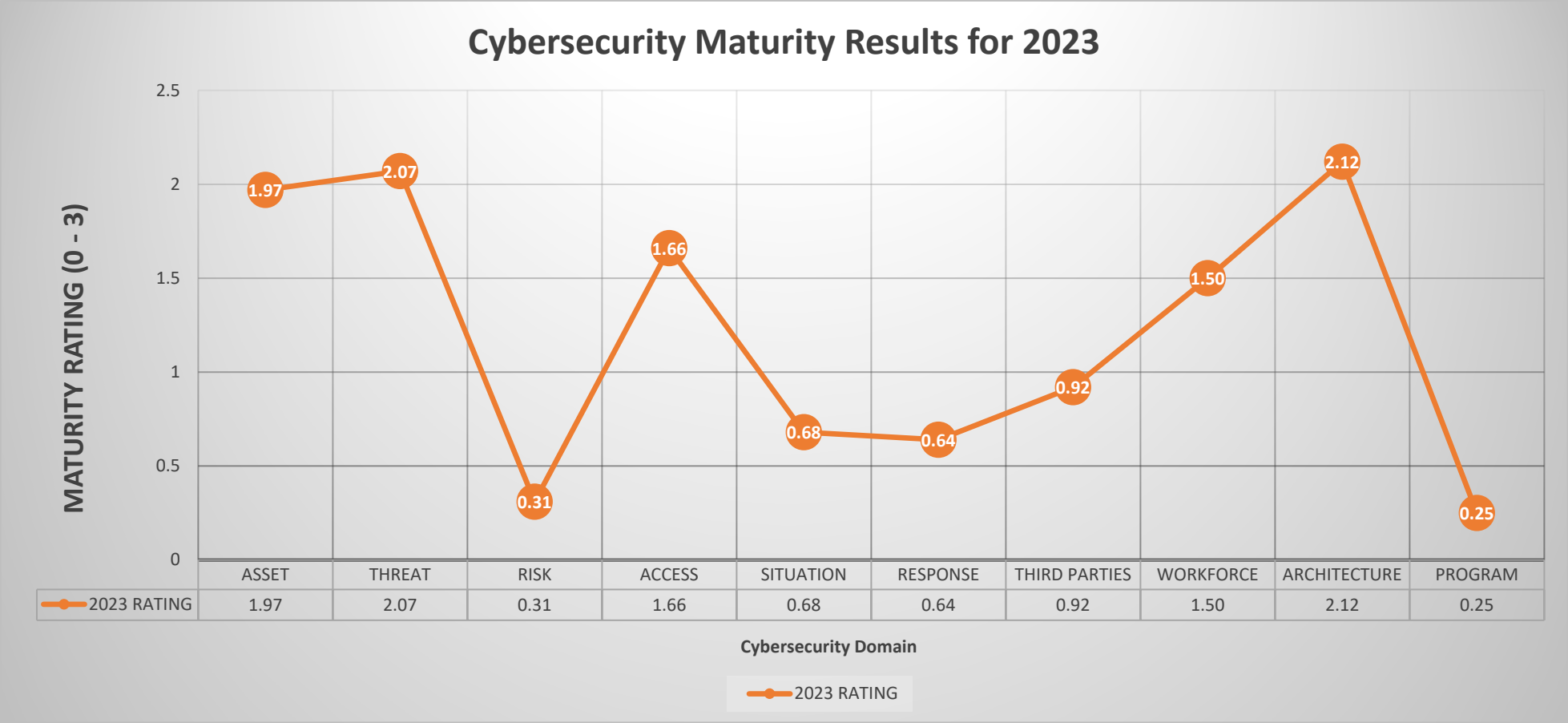


Cybersecurity Challenges and Threats

- Rapidly evolving threat landscape.
- Threats Specific to Healthcare (2023*)
 - Ransomware
 - Data Breaches
 - Supply Chain Vulnerabilities
 - Insider Threats and Human Error
 - Advanced Persistent Threats (APTs)
- Limited resources
- Trained staff
- Integration of new technologies and legacy systems
- Third-party risks from hosted systems and services

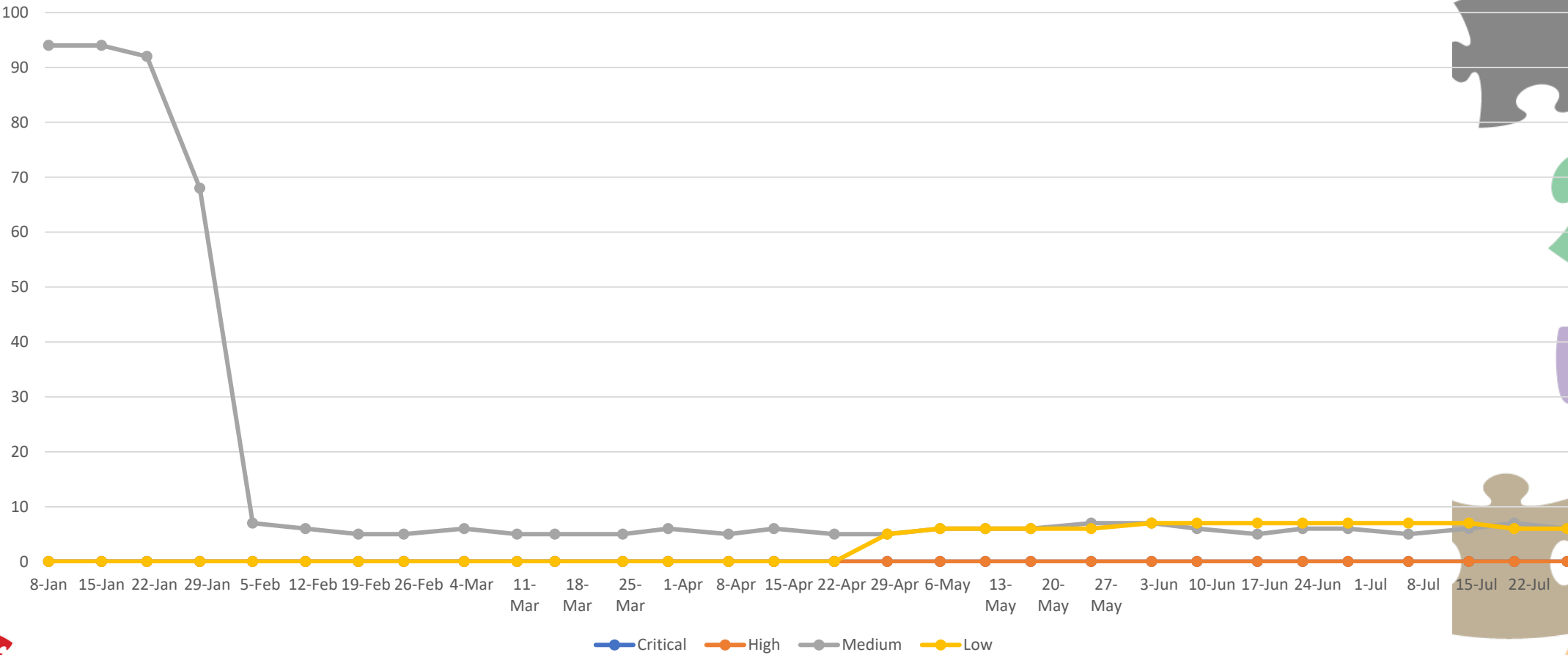


Maturity Assessment Results – 2023



Network Vulnerabilities Assessment

Historic Vulnerabilities by Severity Level



Preventive Measures Implemented

- Comprehensive preventive measures for attack prevention
 - End point security on all DWIHN Devices
 - SOC (Security Operations Center) for both proactive measures (like threat intelligence, security information, event management, or SIEM) and reactive measures (like incident response and forensics).
 - Intrusion Detection/Prevention systems
 - Ongoing staff security awareness training
 - Annual Penetration Tests and Scans
 - Ongoing Third-Party Risk Assessments
 - Up to Date Threat Intelligence via alerts, newsletters / training / forums

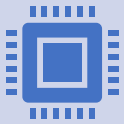


Threat Mitigation Measures Implemented

- Actual mitigation of events as a result of exploited threats
 - Security-related policies, procedures, and practices for:
 - – Incident Response and Management
 - SOC for online reactive measures (e.g. incident response and forensics).
 - Annual Penetration Tests and Scans
 - Advanced Backup and Recovery system
- Disaster Recovery and Business Continuity Plan



Security Program Oversight



Keith Frambro, CISSP, CHPS

VP of IT Services

40 years of experience in IT

20 years of experience in healthcare security/privacy



Michael Kinnell, MCP

HIPAA Security Officer

23 years experience in IT and healthcare security / Privacy



Kumar Setty, HCISPP, CISSP, CISA, CCSK, QSA, PCIP, ITIL

vCISO

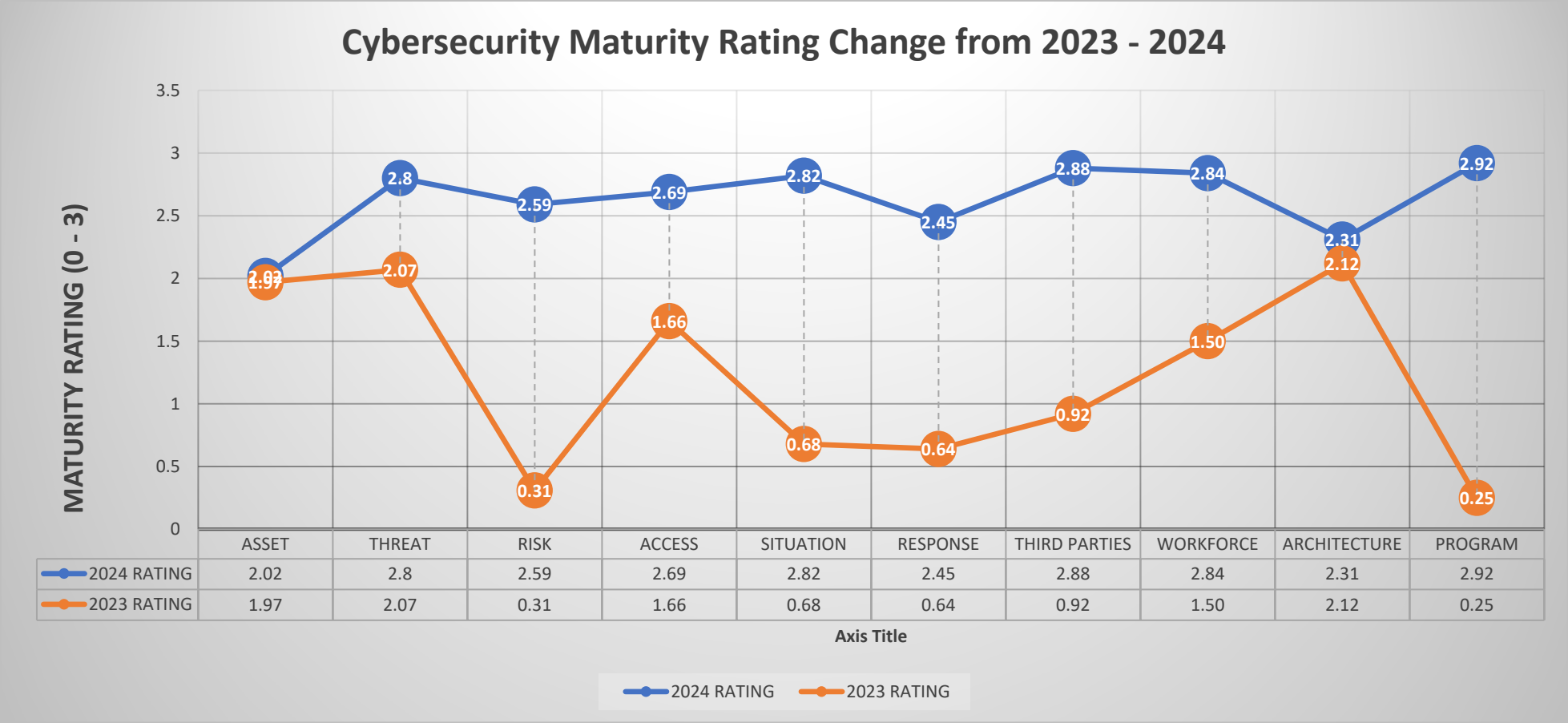
20 years experience in applying information security and fraud risk assessment solutions in various industries.

Security and Compliance Operations

- Internal Maturity Assessment
- NIST/HIPAA/405d Assessment of Security and Privacy practices
- NCQA cybersecurity standard auditing
- HSAG cybersecurity standards auditing
- ICO Audits (annual) by CVS, Henry Ford Health, AmeriHealth, Molina, and Meridien.
 - Program Specific Audits with IT security elements
 - Generic Audits – specific to IT systems and security.



Maturity Improvement – 2023-2024



Metrics and Key Performance Indicators (KPIs)



Number of detected and blocked attacks, last 90 days

- Firewall & Graylog: 12,285,811
- Sophos: 7,871

External Penetration/Phishing test results

- Pen test: 0 Critical, 9 high (9 mitigated), 4 medium (4 mitigated), 1 low (mitigated)
- Social Engineering (Phishing): 2 high (1 mitigated, 1 partially mitigated), 1 medium (mitigated)
- CISA Scan: 95 vulnerabilities identified and remediated

Security Awareness Training / Phish testing (6 Months)

- Training completion rates 89%
- Security Awareness Proficiency Assessment (Higher is better) 64.9%, Industry 64.1%
- Phish testing scores (lower is better): 20.7%, Industry 38.8%

Recent Security Incidents (Fiscal Year)

8 due to user error or misuse.

- Policies & procedures changes made to help mitigate issues
- Staff training done on policies, procedures, and security awareness

1 due to attempted Intrusion

- Targeted login attempts from outside US.
- Network Firewall configuration changed to block further attempts
- New Edge Firewall added in addition to Network firewall to strengthen IPS

Recent Security Incidents (Fiscal Year)

1 Phishing Incident

- While conducting personal business on a DWIHN computer, the PC became compromised permitting a threat actor to gain remote access.
- Policies & procedures and technical changes made to help mitigate issues

Ongoing Initiatives



Strengthening supply chain security and third-party risk management.

Adoption of AI and machine learning for threat intelligence.

Reviewing and requiring security practices for provider network

Roadmap



Security Program Refinement

- Investigate SOC 2 compliance

Improve on areas of risk

- Network Security
- Log Aggregation, Event Management, Monitoring, and Alerting
- Disaster Recovery and Business Continuity
- Users – Social Engineering
- Governance - Policies and Procedures

Refinement of KPIs with Advanced Tools

Conclusion



We are continuously improving our cybersecurity posture to protect DWIHN's assets and data. Ongoing efforts and investments are critical to staying ahead of emerging threats and ensuring a secure environment for our operations.



Continuation of ongoing analysis of external threats and refining our internal policies and procedures and preventive measures to respond to internal / external threats.



Expanding cybersecurity awareness, assessment, and compliance within our provider network will strengthen the privacy and security of our member data.

Questions & Answers

Thank you for your attention.

We are now open to any questions you may have regarding our cybersecurity status and initiatives.





THANK YOU



**Program Compliance Committee
Vice President of Clinical Operations' Report
October 2024**



CLINICAL PROGRAM UPDATES:

Health Home Initiatives:

Behavioral Health Home (BHH)- Current enrollment: 811 members

Substance Use Disorder Health Home (SUDHH)- Current enrollment: 607 members

The Opioid Health Home has now officially transitioned to the Substance Use Disorder Health Home (SUDHH) as of October 1, 2024. Since adding a new SUD Health Home Administrator in August, the Health Home team has taken a deep dive on examining utilization, monitoring, and outcome data processes in the Health Homes. The team is working on improving report processes collaboratively with the providers, including the addition of a 30/60/90-day utilization report to monitor provider engagement with people and ADT monitoring for beneficiaries. The Health Home team is onboarding two additional BHH sites and one additional SUDHH site for a December 1, 2024 start.

CCBHC State Demonstration- Current enrollment: 10,458 among six (6) providers.

The Certified Community Behavioral Health Clinic (CCBHC) State Demonstration expanded to its 3rd cohort of providers on October 1, 2024. There were 15 sites eligible to apply for this certification, 3 of which were fully certified and 3 that were provisionally CCBHC certified by the State. Hegira Health has received full CCBHC certification in Region 7. The Health Home team is hard at work onboarding Hegira and implementing FY2025 CCBHC changes to the program. We can expect a large influx of people into the CCBHC demo population from Hegira; the initial estimate is approximately 5,600 people. The DWIHN Community Care Clinic has received provisional certification to join the State CCBHC Demonstration if all requirements are met by November 22, 2024.

CHILDREN'S INITIATIVES:

Hospital Recidivism- The Michigan Department of Health and Human Services (MDHHS) Performance Indicator #10 captures the percentage of readmissions of children during the quarter to an inpatient psychiatric unit within 30 days of a previous discharge. The goal is for the percentage rate to be under 15% of youth presenting with hospital recidivism.

During FY24/Q3 the hospital recidivism rate increased above the benchmark of 15% to 15.81%. This is the highest recidivism rate DWIHN has experienced. In analyzing the data, it was determined the majority of the youth experiencing an inpatient hospitalization recidivism were brand new to the network and/or did not complete the scheduled intake assessment appointment with the Children Provider. To improve reducing hospital recidivism various meetings were held with Children Initiative, Utilization Management, Crisis Services, crisis screeners, and meetings

with Children Providers to discuss the data trend, barriers, and solutions. An updated Children Crisis Clinical Review Form was added to DWIHN website for Providers to complete within 48 hours of a crisis event resulting in member placed out of the home. This form assists with Providers informing of hospital discharge planning, status of member, and progress/barriers with treatment services. Also updating the Crisis Plan policy and Pre-Admission (PAR) procedures and educating on the CRSP Re Engagement / Disenrollment Policy to properly engage youth discharged from the hospital setting. For FY24/Q4 showing improvement with hospital recidivism as evidenced by the rate decreasing to 9.18%. In addition, there is noted progress with Providers completing Crisis Plans consistently as well.

MichiCANS- MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. The Children Center and DWIHN Access Department participated in the Soft Launch Pilot January 2024– March 2024. Although the soft launch ended, continuing to complete the MichiCANS Screenings in preparation for the full implementation October 2024. MDHHS reported that they have not received CMS approval for the use of MichiCANS for persons receiving 1915iSPA or SED Waiver services. Until that approval is obtained, providers will need to complete the CAFAS for those specific populations.

During the month of September 2024 DWIHN Access Department completed 422 MichiCANS Screenings; in which 254 screenings were ages 6 to 20 years old and 153 screenings were ages 0 to 5 years old

September Screenings:

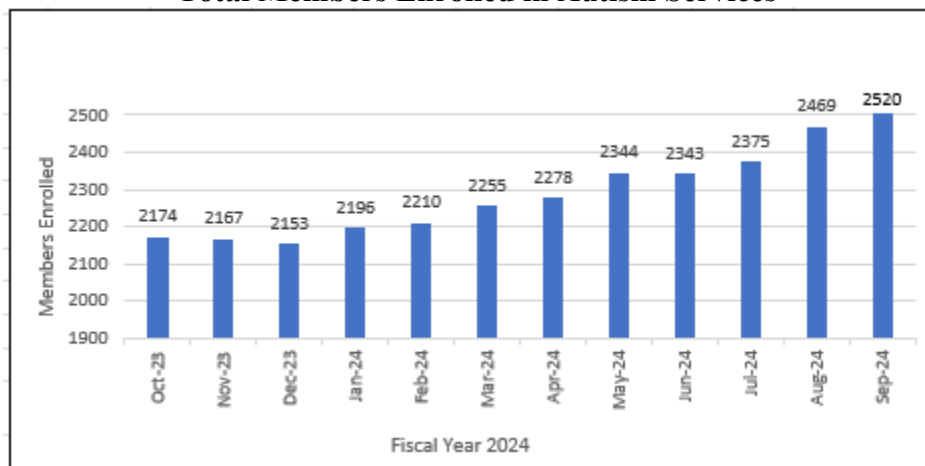
Screening Disposition	Total Screenings
No Eligibility or Services Declined	0 Screenings
Non-Emergency: Mild / Moderate Needs	116 Screenings
Non-Emergency: Serious Needs	357 Screenings
Emergency	3 Screenings
Total Screenings	422

DWIHN updated policies to incorporate the final version of the MDHHS MichiCANS Behavioral Health Services bulletin 24-38. Also contributed to implementation of the revised assessment replacement bulletin with new assessment codes effective 10/1/24 and service utilization guidelines. Held meeting with Wayne County Department Health and Human Services (DHHS) to discuss referral process for DWIHN to receive MichiCANS screenings. This information was shared during Children System Transformation Meeting held on 9/27/24. It has been identified there were 47 screenings lacking a screening disposition. This requires coordination with DWIHN Access and IT department to determine barriers to displaying screening dispositions.

Autism Services: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

There was a total of 2520 members assigned to DWIHN's ABA provider network for September 2024. This was a moderate increase of 51 members added from August to September. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 182 referrals, 169 kept appointments, and 7 no show appointments. *It is noted the data for this month is preliminary and subject to change during next month's report.*

Total Members Enrolled in Autism Services



The following ABA Providers, who completed the RFQ process, were selected to move forward with contracts and need to successfully complete the credentialing process. The ABA Providers selected from the Qualified List are as follows:

Provider Name	City
Integrated Pediatric Therapy	Brownstown
ABA Golden Steps	Home-Based Only
Downriver Therapy Association	Trenton

Applied Behavior Analysis (ABA) Level of Care: ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25 hours per week. Whereas comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

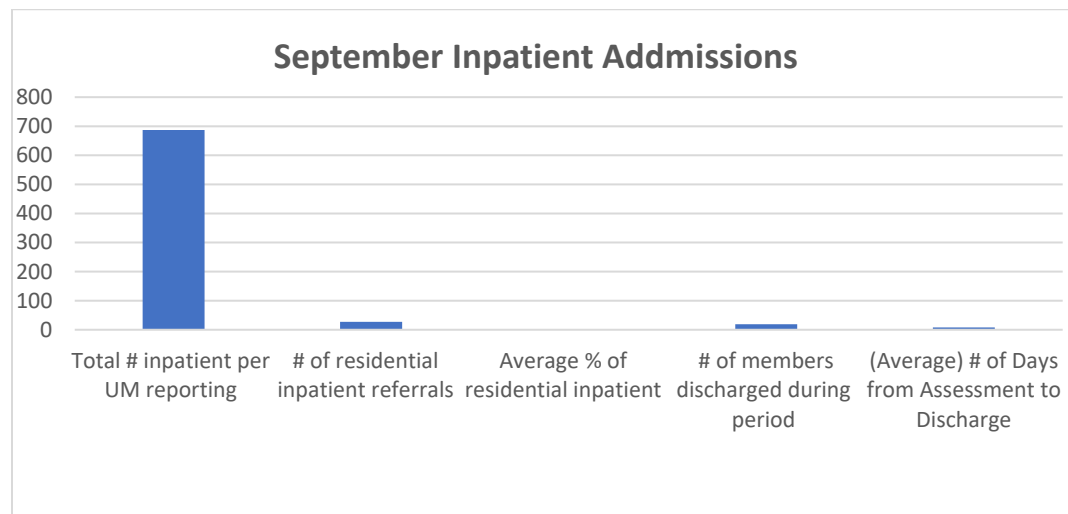
For FY24 (Q1 – Q3) there was a total of 1,472 new members; in which, 1,386 members met medical necessity for Comprehensive Level of Care and 86 members met medical necessity for Focused Level of Care.

New Members – Level of Care Status	Comprehensive	Focused	Total
Q1	386	28	414
Q2	422	25	447
Q3	578	33	611
Total:	1386	86	1472
Fiscal Year 2023 - 2024	Comprehensive	Focused	Total
10/1/23 – 7/31/24	2256	188	2,444

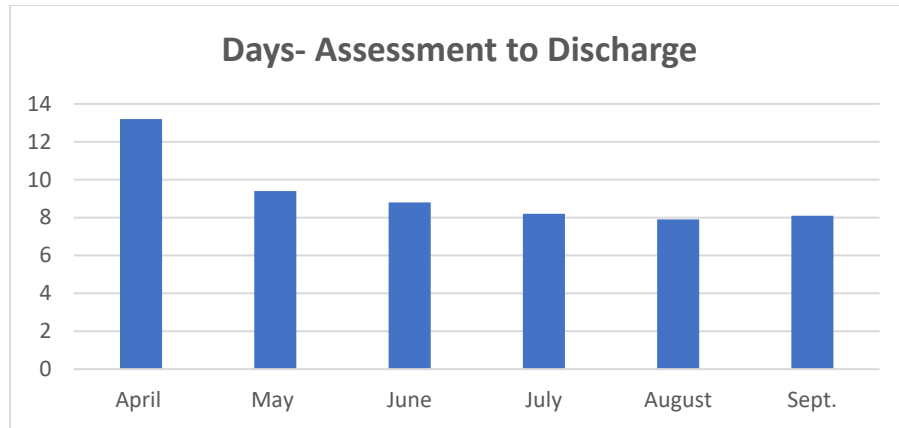
The Autism Department has coordinated with the Access Call Center to improve oversight of members either waiting for diagnostic evaluation or coordination of care. Data system will be utilized across both departments improving access and workforce. DWIHN is currently updating the tracking system for ABA Providers to inform of changes to level of care throughout treatment.

RESIDENTIAL SERVICES:

Hospital Referral Efficiency- The Residential Services Department continues to examine the hospitalization data for residential referrals in efforts to decrease the frequency and duration of inpatient hospital stays. It is important that we monitor efficiency to reduce the amount of time a member spends inpatient.



Total # inpatient per UM reporting	687
# of residential inpatient referrals	27
Average % of residential inpatient	3.93%
# of members discharged during period	19
(Average) # of Days from Assessment to Discharge	8.1

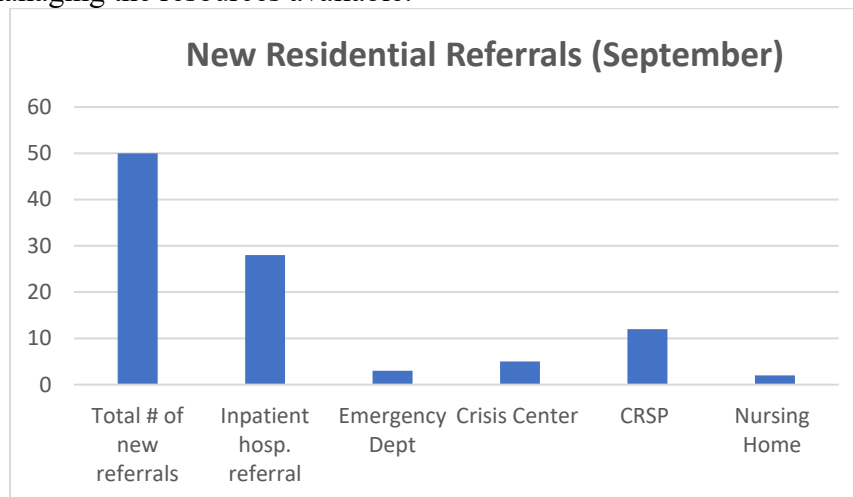


April	13.2
May	9.4
June	8.8
July	8.2
August	7.9
Sept.	8.1

Recently the department has added a weekly meeting with Residential Care Coordinators, Department Managers, and the Director designed at problem solving and brainstorming placement options. Staff assignments are made daily, and staff are required to reach out to new referrals within 24 hours.

In September, the Residential Services Department was able to help discharge nineteen (19) members out of inpatient psychiatric units and place them into the community. The department is continuously consulting with hospital staff to discuss barriers to placement. The team is also looking for new residential providers to onboard into the DWIHN network.

New Referrals- The Residential Services Department tracks the number of new referrals coming into the department. It is important to track referrals to gauge the capacity of the network along with managing the resources available.



Total # of new referrals	50
Inpatient hosp. referral	28
Emergency Dept	3
Crisis Center	5
CRSP	12
Nursing Home	2

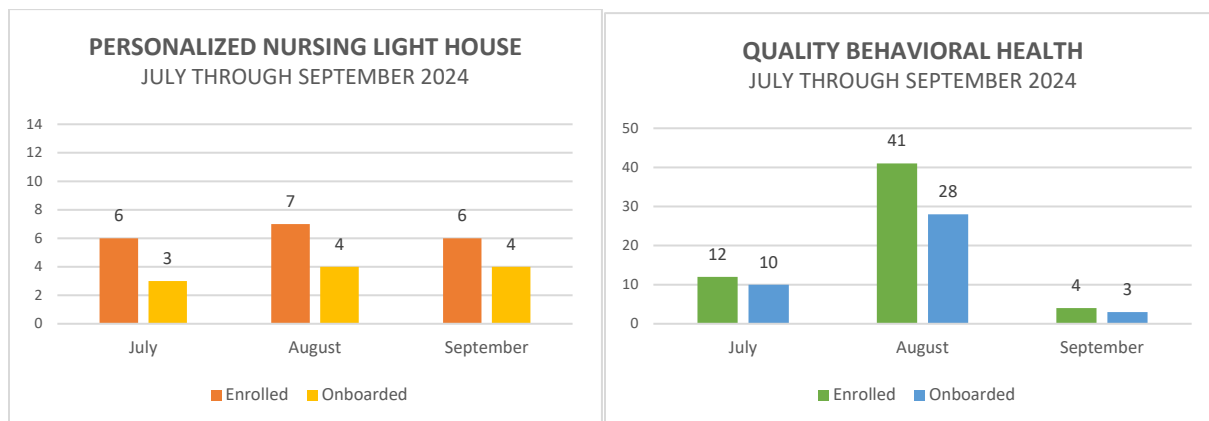
The Residential Services Department is currently providing services to 2,132 members within the network. DWIHN has been able to complete onboarding of four (4) new residential service providers in August and September. These providers will provide more opportunities for placement of our members in the community.

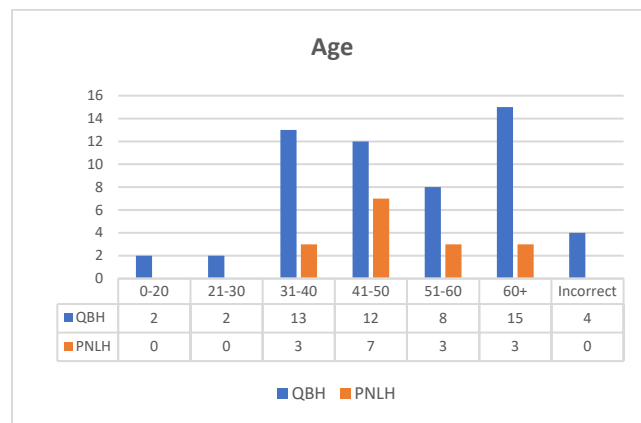
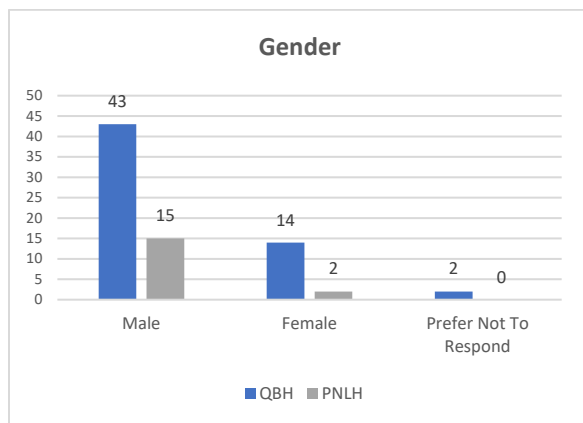
The department has identified a need within the network for continued education on the referral process and improvement in clinical documentation. This includes how the residential assessment impacts the treatment planning process and authorizations. The department will begin conducting bimonthly meetings with Clinically Responsible Service Providers in October that will focus on improving the referral process and clinical documentation. We will continue to have quarterly meetings with public guardians and transitional housing providers to review barriers to placement.

SUBSTANCE USE DISORDER (SUD) SERVICES:

The CHES Health Analytics tool- is a platform that streamlines the viewing and extraction of essential information, enabling a deeper insight into member progress and outcomes. It has proven to be an invaluable asset for providers wanting to improve outcomes of their programs. Quality Behavioral Health and Personalized Nursing successfully enrolled their first members in July of 2024.

This app provides access to a Peer Engagement Team 24/7, which offers discussions, offers encouragement, and crisis support. In addition, it provides evidence-based online lessons for learning and practicing recovery skills and offers a contingency management reward module.





At the close of July, the total number of members enrolled stood at 18. By the end of September, this number had risen to 76, marking a substantial 322% increase in enrollment. This significant growth demonstrates the remarkable success and expansion of the program over just a two-month period.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, October 9, 2024

ACCESS CALL CENTER – Director, Yvonne Bostic
Please See Attached Report

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons
No Monthly Report

Autism Spectrum Disorder (ASD) – Director, Cassandra Phipps
Please See Attached Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
Please See Attached Report

PIHP CRISIS SERVICES – Director, Daniel West
No Monthly Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
No Monthly Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith
Please See Attached Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
Please See Attached Report

MANAGED CARE OPERATIONS – Director, Rai Williams
No Monthly Report

RESIDENTIAL SERVICES – Director, Ryan Morgan
Please See Attached Report

SUBSTANCE USE DISORDER (SUD) – Director, Judy Davis
Please See Attached Report

UTILIZATION MANAGEMENT – Interim Director, Marlena Hampton
No Monthly Report

DWIHN Access Call Center
Yvonne Bostic, MA, LPC (Call Center Director)
Monthly Report: August 2024
Date: 10/9/2024



Main Activities during August 2024:

- **Call Center Performance – Call detail report**
- **Appointment Availability – Intake appointment and Hospital Discharge Follow up**
- **Accomplishments and Updates**

Activity 1: Call Center Performance – Call Detail Report

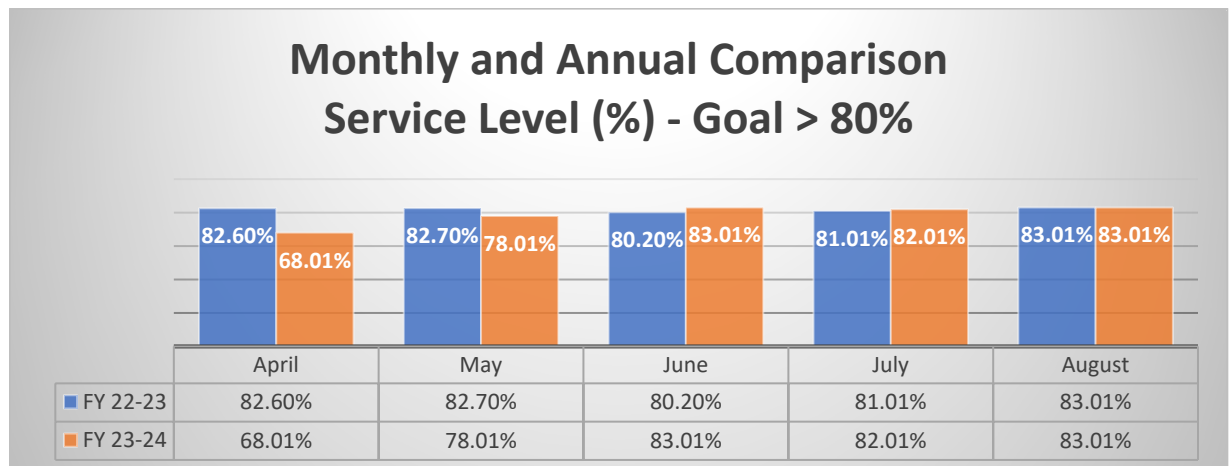
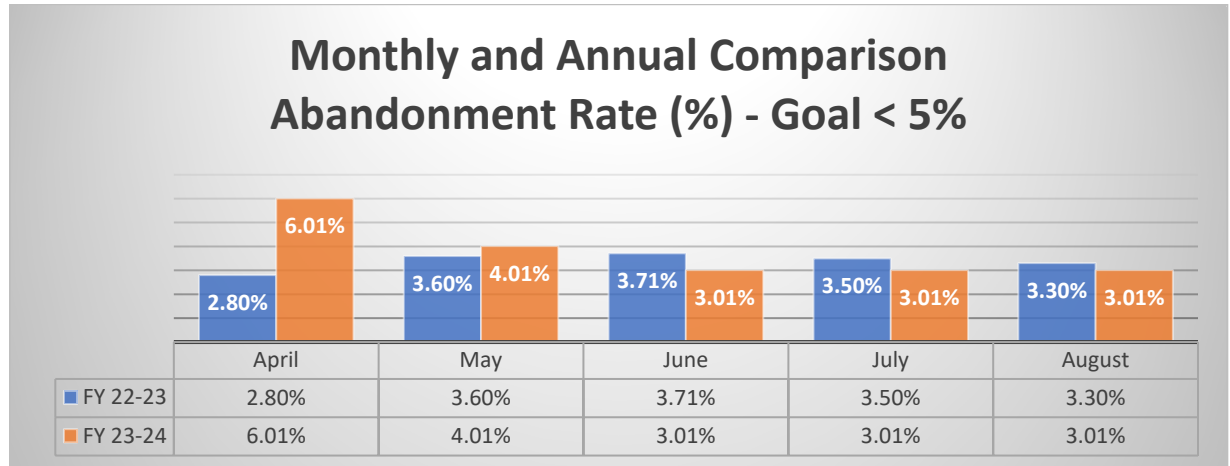
- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- **Current Status:**
 - MDHHS Standards and Call Center Performance for **August 2024:**
 - % Abandoned Goal is < 5% (3.0%)
 - Avg. speed to answer Goal <30 sec. (:19 sec)
 - % of calls answered Goal > 80% (95.0%)
 - Service level Goal >80% (83.01%)

Queues	Incoming Calls	Calls Handled	Calls Abandoned /Hang Ups	% Abandoned.	Avg. Speed to Answer	Average Call Length	% of Calls Answered	Service Level
Call Reps	16,417	15,519	521	3.0%	:19 sec	5:14 mins	95.0%	83.01%
SUD Techs	4,601	3,433	875	19%	3:27 mins	16:39 mins	75.0%	50.0%
Clinical Specialist	2,736	1,935	595	22%	2:40 mins	18:46 mins	71.01%	53.0%
July 2024 Totals	16,391	15,473	535	3.0%	:20 sec	5:19 mins	94.0%	82.01%
August 2023 Totals	17,803	17,207	596	3.3%	:25 sec	5:26 mins	96.7%	83.01%

- For the month of August 2024 there were 15,519 calls handled by the Access Call Center. This is 46 more calls than the previous month.
 - Of the total number of calls handled (15,519) for the month of August 2024:
 - 3,433 (22.1%) calls handled for SUD services
 - 1,935 (12.5%) calls handled for MH services
 - 10,151 (65.41%) calls were for provider inquiries, information and referrals for community programs and services, screening follow up calls, request to release SUD cases, Hospital Discharge appointments, enrollments (Infant Mental Health

(IMH), Foster Care, TCW/ PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, ORR, Customer Service, Grievance, etc.)

- In an annual comparison of August 2023 and August 2024, there were 1,386 less incoming calls and 1,688 less calls handled in 2024. There was a 0.3% decrease in the abandonment rate, 3.3% to 3.0%. The service level was the same, (83.01% (2023) to 83.01% (2024)).



- **Significant Tasks During Period:**
 - Recruit, Interview, Hire and Train staff to fill vacancies in all 3 units
 - Silent Monitoring to identify areas of strengths and weaknesses (ongoing)
- **Plan:**
 - Audit staff attendance, timeliness and performance: utilize performance improvement plans where needed (ongoing)
 - Make adjustment to staff schedule to ensure coverage during high volume call times (ongoing)

- Regular customer service skill and overview of programs and community resources will occur 1-2 x month with the goal of increasing staff proficiency and knowledge base (ongoing)

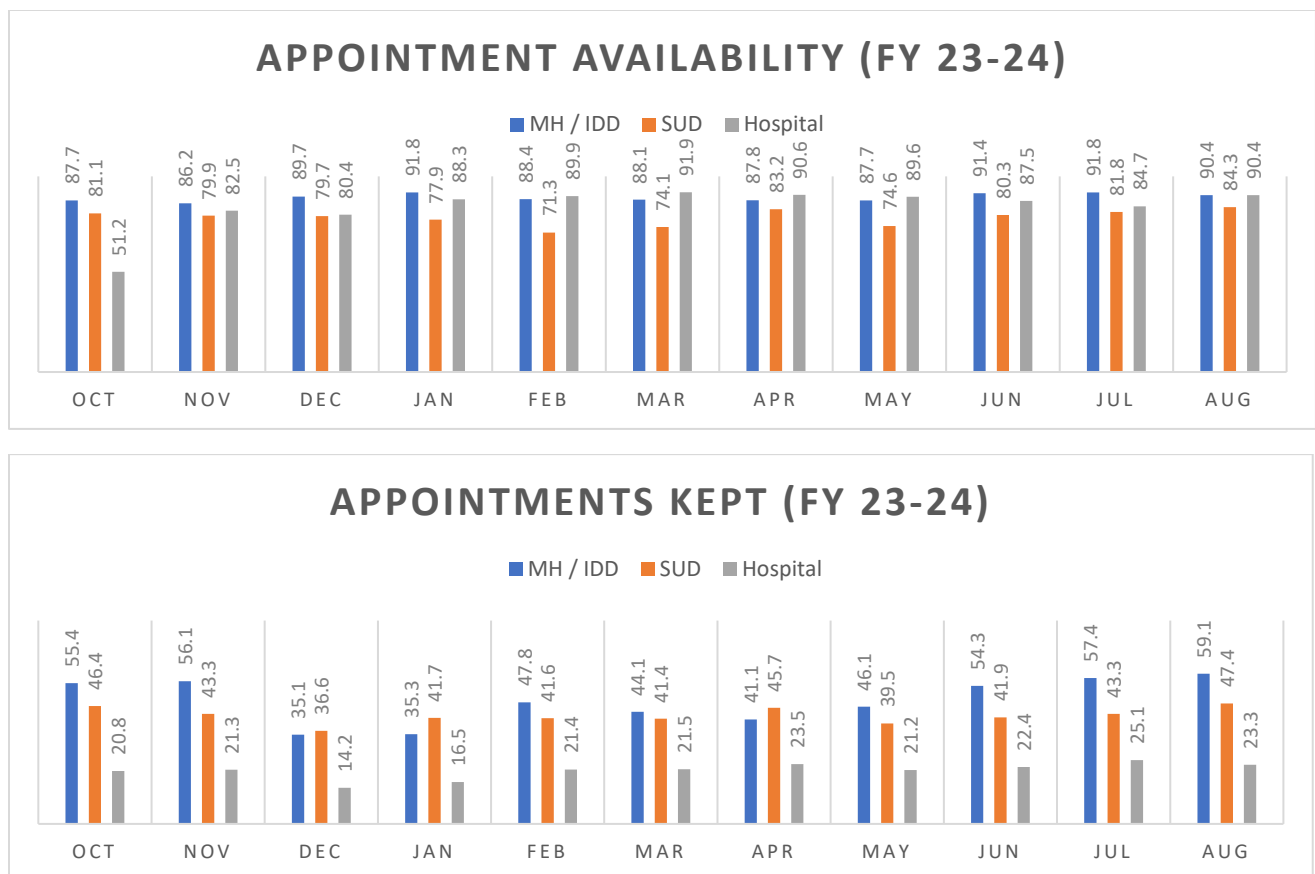
Activity 2: Appointment Availability – Intake appointment and Hospital Discharge Follow up

- **Description:** The Access Call Center schedules hospital discharge/ follow up appointments (within 7-day requirement) for individuals being discharged from short stay inpatient psychiatric treatment and the initial intake appointments (within 14 days requirement) for individuals new to the system or seeking to re-engage in services if their case has been closed.

The Access Call Center schedules these types of appointments based on the CRSP (Clinical Responsible Service Providers) availability and ability to provide services, timely.

The appointment availability is based on the number of appointments scheduled within the allotted timeframe.

- **Current Status:**



- **Significant Tasks During Period:**
 - Appointment Availability Summary:

- For the month of August 2024 there were 874 Hospital Discharge follow up appointments scheduled through the DWIHN Access Call Center; appointment availability was 88.7%; which is an increase of 4% from last month.
 - For the month of August there were 1,260 MH (SMI, SED, I/DD) appointments scheduled. There is very little change in appointment availability in this area from June to July; (March- 88.1%, April - 87.8%, May 87.7%, June 91.4%, July 91.8%, August 90.4%).
 - For the month of August there were 1,506 SUD appointments scheduled; SUD appointment availability increased by 1.5%, from June to July (March - 71.4%, April - 83.2%, May 74.6%, June 80.3%, July 81.8%, August 84.3%).
- **Needs or Current Issues:**
 - No significant change in the rates of appointment availability over the last 3 months.
 - **Plan:**
 - A monthly and quarterly analysis of data will be performed over the next quarter and DWIHN will continue to meet regularly with Providers and Hospital Discharge departments to identify more ways to support members in making appointments and engaging in necessary treatment.
 - Continue to meet with CRSP to identify more appointments for intake and follow up services.
 - Coordinate intake appointments with newly onboarded CRSP providers.

Activity 3: Accomplishments and Updates

- **Department Overviews and Trainings** –PIHP Crisis Services (Dan West), MI HEALTH LINK and Integrated Care Services (Nakia Young), DWIHN Access Call Center Program Description and Scope of services (Policy Stat), How to help callers access DWIHN Mobile Crisis Services, How to help callers access DWIHN Community Care Clinic services
- **Staffing** – The Access Call Center has almost reached their goal of being fully staffed and have begun to implement the use of contingent staff to cover UPTO/PTO and unexpected high call volume times. There continues to be a regular review of applications, interviewing, hiring and training so that vacancies can be filled. Currently there are the following vacancies: Call Center Manager (afternoon shift), Clinical Call Center Specialist (Full-Time), SUD Technician (1 Full Time & 1 Part Time).
- **Plans :**
 - CRSP Change- update request form and improve data collection and reporting process
 - Mailing Enrollment Packets and related notifications – develop an electronic option using email and My DWIHN App; make changes to data collection and reporting to meet HSAG requirements
 - Appointment Timeliness Report – add more detailed reporting to capture specialty population breakdown (Pregnant Users, Parent’s at risk of losing their children, MDOC referred, ect.) to meet HSAG requirements.

Program Compliance Committee Meeting Autism Services Department September 2024 Monthly Report



Main Activities during Reporting Period:

- Activity 1: Autism Benefit Enrollment / Expansion
- Activity 2: Monthly ABA Provider Meeting
- Activity 3: Level of Care

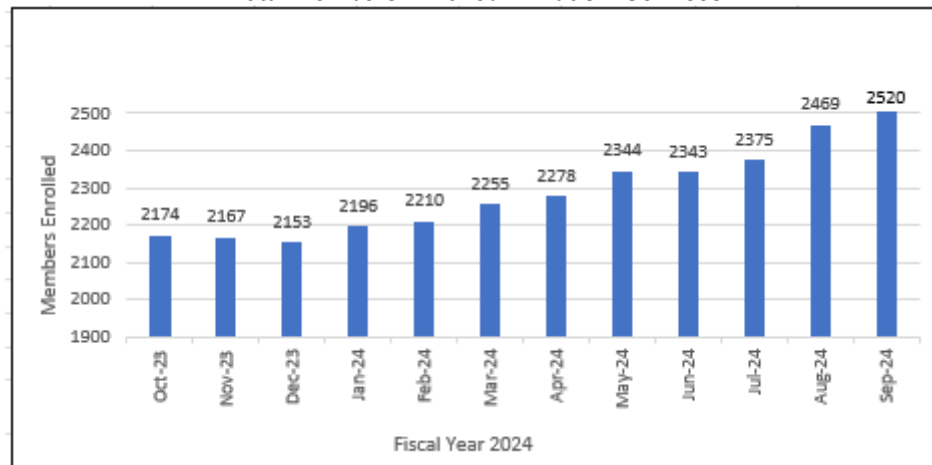
Progress On Major Activities:

Monitoring Autism Benefit Enrollment / Expansion

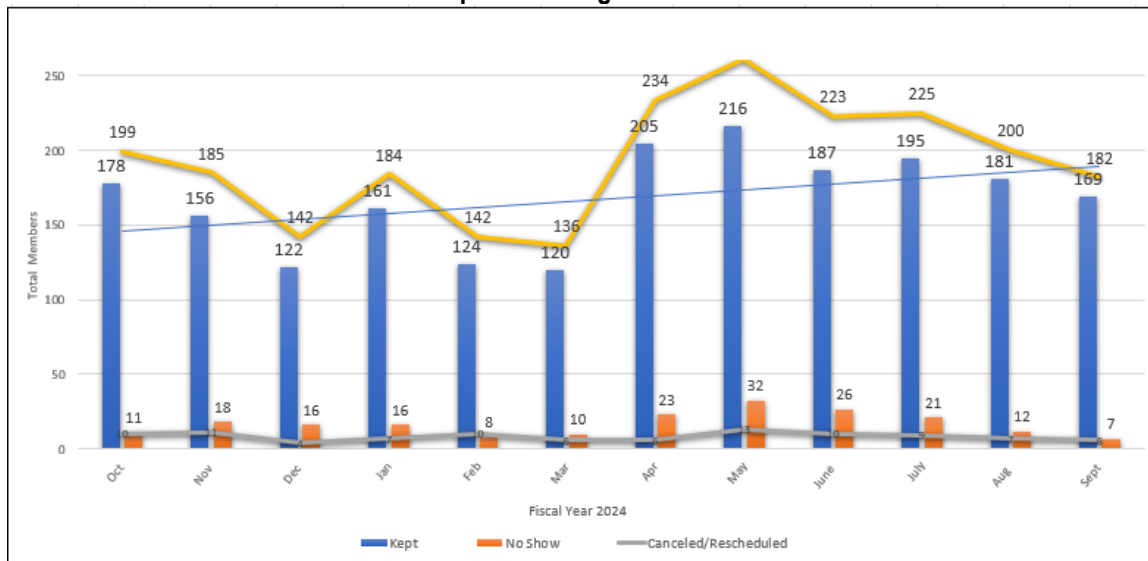
Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of ASD.

Current Status: There was a total of 2520 members assigned to DWIHN's ABA provider network for September 2024. This was a moderate increase of 51 members added from August to September. In addition, among the three (3) Individual Diagnostic Evaluation Providers, there were a total of 182 referrals, 169 kept appointments, and 7 no show appointments. *It is noted the data for this month is preliminary and subject to change during next month's report.*

Total Members Enrolled in Autism Services



Total Independent Diagnostic Evaluations



Significant Tasks During Period: To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028. Currently the RFQ Evaluation Committee is finalizing the 2nd evaluation for 2023-005 REBID which has the potential to improve capacity of ABA services.

Major Accomplishments During Period: As of September 2024, there are 26 ABA Providers who passed the RFQ process and 21 are contracted with DWIHN. (Note: Successfully passing the RFQ does not automatically guarantee a contract).

Needs or Current Issues: The selected ABA Providers who completed the RFQ process selected to move forward need to successfully complete the credentialing process. The ABA Providers selected from the Qualified List are as follows:

Provider Name	City
Integrated Pediatric Therapy	Brownstown
ABA Golden Steps	Home-Based Only
Downriver Therapy Association	Trenton

Plan: Continue to coordinate with Contracts and Credentialing departments regarding onboarding new ABA Providers. Facilitate ABA orientation for the new ABA Providers.

Activity 2: Monthly ABA Provider Meeting

Description: DWIHN Autism Department facilitates a monthly meeting with ABA Providers to ensure ABA Providers receive current updates regarding ABA policies and requirements.

Current Status: The ABA Provider meeting was held 9/23/2024 with all the independent diagnostic evaluators, ABA Providers and (Clinically Response Service Provider) CRSP that oversee members enrolled in the autism benefit.

Significant Tasks During Period: Monthly ABA Provider meeting was held this month. During this meeting various topics were discussed with ABA Providers including the following:

Autism Services: The network has expanded to include new providers and locations, such as Advance ABA Care, Lumen Pediatric Therapy, Emagine Health Services, Illuminate ABA Services, IOA, and Peak Autism Center. The DWIHN Compliance Team discussed reminders regarding documentation requirements for billing. The DWIHN Quality Team discussed changes to documentation timeline requirements for the ABA Assessment and Plan as it will be required every 180 days (6 months), Effective 10/1/2024 this report will be required to be uploaded within 14 business days of completion.

Training: There are a multitude of trainings and workgroups that were covered at this month's meeting. The Detroit Wayne Integrated Health Network (DWIHN) Children's Initiative Department will be hosting an IDD services training for wraparound workers and supervisors. This training will prepare attendees for the upcoming 10/1/24 requirements that include delivering Wraparound services to IDD children. The training will give a broad overview of the functions and processes needed to support IDD children under the DWIHN network on 10/3/2024. Peer Workgroups that are being developed include: ABA Availability Log Workgroup which will work to ensure accurate and up-to-date information on ABA provider availability to avoid service delays. The Care Coordination Workgroup which will work to streamline communication and collaboration between ABA providers, case managers, and support coordinators to ensure timely services for members. ABA ORR Cross-Training Grid which will assist in training staff on the intersection between behavioral health services and recipient rights, including understanding service denials and client rights. Monitoring ABA Treatment & Evaluating Progress Workgroup which will work to establish best practices for evaluating ABA treatment outcomes and client progress. The Re-evaluation & Redetermination Workgroup led by Dr. Witherell of The Childrens Center which will aim to standardize the process for re-evaluating and redetermining ABA service needs while ensuring that all ABA re-evaluations and redeterminations are consistent with DWIHN standards and MDHHS guidelines.

Major Accomplishments During Period: Implementation of ABA Service Monitoring: Focus on delays, reductions, and denials, including new processes for documenting service changes across multiple reporting tools like behavioral assessments and authorization requests. Collaboration with The Arc: Promoting family support services such as advocacy, financial management, and long-term planning through The Arc of Northwest Wayne County. Preparation for the QBHP Policy Exception Ending: Open discussions were held regarding the upcoming changes to Qualified Behavioral Health Professionals (QBHP) certification requirements, encouraging providers to support their employees and address potential challenges.

Needs or Current Issues: Workforce Transition Concerns: As the QBHP policy exception is set to end in September 2025, there are ongoing concerns about how providers are preparing staff to meet new certification requirements, including studying and passing required exams. General Fund Utilization: Guidance on identifying members under General Funds and exploring reactivation eligibility for those no longer qualifying for Medicaid was emphasized, with some providers needing assistance in understanding this process. ABA Service Monitoring: Clear tracking and documentation of ABA service delays, denials, and reductions remain a critical focus, requiring ongoing oversight and training for providers.

Plan: Continue hosting training sessions and workgroups like Peer Workgroups to monitor ABA treatment, evaluate progress, and improve care coordination. Expand outreach to providers to help them stay current on changes, including updates to the Autism Benefit and procedures for accessing services. Maintain open communication and provide resources for the transition to the new QBHP requirements. Regularly send case data reports to providers for ongoing data clean-up and reporting, aiding in the onboarding and referral processes.

Activity 3: Level of Care

Description: ABA treatment offers two different levels of care according to medical necessity, that is either Focused Level of Care or Comprehensive Level of Care. Focused level of care is a limited number of chosen skill targets specific to identified goals that can range from 10 to 25hrs per week. Whereas comprehensive level of care focuses on multiple areas of functioning such as cognitive, communication, social, emotional, and behaviors for about 30 to 40hrs per week.

Current Status: For FY24 (Q1 – Q3) there was a total of 1,472 new members; in which, 1,386 members met medical necessity for Comprehensive Level of Care and 86 members met medical necessity for Focused Level of Care.

New Members – Level of Care Status	Comprehensive	Focused	Total
Q1	386	28	414
Q2	422	25	447
Q3	578	33	611
Total:	1386	86	1472
Fiscal Year 2023 - 2024	Comprehensive	Focused	Total
10/1/23 – 7/31/24	2256	188	2,444

Significant Tasks During Period: In July 2024, the ASD Program Administrator coordinated with DWIHN on concerns related to compliance with utilization, credentialing, and providing treatment according to medical necessity for an ABA Provider. Additional, technical support was provided to the network as well as recipient rights guidance and direction on DWIHN policy related to staff file maintenance.

Major Accomplishments During Period: Coordinated with Access Call Center to improve oversight of members either waiting for diagnostic evaluation or coordination of care. Data system will be utilized across both departments improving access and workforce.

Needs or Current Issues: Update tracking system for ABA Providers to inform of changes to level of care throughout treatment.

Plan: Continue to meet with the Grievance Coordinator to develop a performance-based permanent product approach to ensure ABA Providers correctly complete and maintain due process while also adhering to the Behavior Analysis Certification Board Ethics Code for BCBA's. Once the data system is complete introduce to Providers to highlight subtle changes in level of care trends throughout treatment.

Monthly Update

Things the Department is Doing Especially Well:

Autism Service Delivery: Continue to support Children Providers and ABA providers regarding active members requiring re-eligibility. DWIHN continues to provide direction to ABA providers that eligibility remains a key contractual requirement included in the Statement of Work (SOW) which determines eligibility to continue the delivery of autism services. Established General Fund criteria for ABA Providers indicating authorization allowance for 90-day limit. The ASD Program Administrator reviewed the procedural outline for the future parent training project as well as coordinated with the communications department to ensure content is palpable for demographic, social, and cultural needs of Wayne County.

PICA Consultation: The ASD Program Administrator provided Mary Luchies (MDHHS Autism Coordinator) consult for a medically complicated youth with risky PICA behaviors. PICA is a mental health condition where a person compulsively swallows non-food items and is common among children to have this eating disorder. This particular youth was experiencing high lead levels as a serious health risk due to maladaptive behaviors; in which, consulting with DWIHN ABA Department was beneficial to assist with resolving.

Identified Opportunities for Improvement:

Level of Care (LOC): Recognized a pattern within submissions of grievances and appeals providing an opportunity to explore further barriers associated with level of care to ABA services. This resulted in the Autism Department continuing to coordinate with Customer Services during this month to determine appropriate parameters to level of care requests.

Progress on Previous Improvement Plans:

ABA Service Delivery Performance Improvement Plan (PIP): Discussed with Providers the PIP expectation monitoring ABA service start dates to meet requirement of engagement within 14 days of the authorization effective date.

Program Compliance Committee Meeting



Children's Initiative Department September 2024

Main Activities during the Reporting Period:

- Activity 1: MichiCANS
- Activity 2: School Based Health Quality Initiative
- Activity 3: Hospital Recidivism

Progress On Major Activities:

Activity 1: MichiCANS

Description: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services. The Children Center and DWIHN Access Department participated in the Soft Launch Pilot January 2024 – March 2024.

Why is this Important?: The MichiCANS tool will replace the Child and Adolescent Functional Assessment Scale(CAFAS) and Pre-School and Early childhood Functional Assessment Scale (PECFAS) assessments effective October 2024. In addition, the MichiCANS will also be required for children and youth with serious emotional disturbances (SED) and intellectual developmental disabilities (IDD). In addition, the Devereux Early Childhood Assessment (DECA) will change during October 2024 as well to be administered as an assessment tool for ages 0 to 6 for both SED and IDD children.

Current Status: Although the soft launch ended, continuing to complete the MichiCANS Screenings in preparation for the full implementation October 2024. During the month of September 2024 DWIHN Access Department completed 422 MichiCANS Screenings; in which 254 screenings were ages 6 to 20 years old and 153 screenings were ages 0 to 5 years old. It is noted that 47 screenings did not indicate a specific disposition as well.

Screening Disposition	Total Screenings
No Eligibility or Services Declined	0 Screenings
Non Emergency: Mild / Moderate Needs	116 Screenings
Non Emergency: Serious Needs	357 Screenings
Emergency	3 Screenings
Total Screenings	422 Screenings
<i>None Reported</i>	<i>47 Screenings</i>

Significant Tasks During Period: Updated policies to incorporate the final version of the MDHHS MichiCANS Behavioral Health Services bulletin 24-38. Also contributed to implementation of the revised assessment replacement bulletin with new assessment codes effective 10/1/24 and service utilization guidelines. Held meeting with Wayne County Department Health and Human Services (DHHS) to discuss referral process for DWIHN to receive MichiCANS screenings. This information was shared during Children System Transformation Meeting held on 9/27/24.

Major Accomplishments During Period: Children Initiative hosted an appreciation luncheon for CAFAS and PECFAS Facilitators on 9/30/24 in which facilitators received appreciation certificates. Facilitators participated in training Wayne County clinicians for the past twenty (20) years.

Needs or Current Issues: It has been identified there were 47 screenings lacking a screening disposition. This requires coordination with DWIHN Access and IT department to determine barriers to displaying screening dispositions.

Plans:

- Continue monthly MichiCANS coordination meeting with DWIHN Access and The Children Center
- Develop a referral flowchart for DWIHN Access to receive MichiCANS screenings from child welfare specialists

Activity 2: School Based Health Quality Initiative

Description: The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training and are being helped with reducing the stigma related to receiving behavioral health supports and services.

Why is this Important?: The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school.

Current Status: During the month of September 2024 there were a total of 68 school presentations completed and a total of 92 students who received School Success Initiative (SSI) services. In addition, 16 students received the Strengths and Difficulty Questionnaire (SDQ). Out of the 16 SDQs 4 students accepted Tier 2 services and 4 students accepted Tier 3 services.

School Success Initiative FY 2024	# of Student Presentations*	Total # of Student Received SDQ Screenings	Tier 1 Accepted Services	Tier 2 Accepted Services	Tier 3 Accepted Services	Total # of Students Received SSI Services
Q1	140	1,199	7	224	62	1,492
Q2	103	270	3	110	54	437
Q3	118	1,482	16	162	34	1692
September	68	16	0	4	4	92

***Note: The total # of students does not include the total # of students who attended the Presentations

September 2024 Summary
<ul style="list-style-type: none"> • Total New SSI Referrals = 8 • Total Discharges = 5 • Total Crisis Screenings / Hospitalizations: <ul style="list-style-type: none"> ○ # of Crisis Screenings = 2 ○ # of Partial Hospitalizations = 2 ○ # of Inpatient Hospitalizations = 0 • Total Risk Factors Presentations: <ul style="list-style-type: none"> ○ Anger = 26 ○ Depression / Anxiety = 27 ○ Bullying = 17 ○ Suicide Prevention = 17 ○ Dating Violence = 1 ○ Trauma = 13 ○ Grief = 10 ○ Substance Abuse = 5 ○ School Violence = 5 ○ Integrated Health = 2 ○ Other = 18

Significant Tasks During Period: The fiscal year 25 board action for the School Based Health Quality Initiative was presented and approved during Program Compliance board meeting this month. Updated the school list for the FY25 school year in which there are 68 schools for the SSI program and 11 schools for the GOAL Line program. Also, met with Wayne RESA regarding supporting Providers receiving additional Michigan Model for Health (MMH) kits:

- Kindergarten (1 kit)
- 4th Grade (3 kits)
- 5th Grade (6 kits)
- Grades 7-8 (7 kits)
- Grades 9-12 (3 kits)

Major Accomplishments During Period: As the result of the Request for Information (RFI) that was issued there were two (2) new Providers added: Assured Family Services and DWIHN Community of Care for this program. The partnership between DPSCD and Children's Services will continue through the upcoming fiscal year and include the Substance Use Department to provide Narcan Trainings in the schools. All providers have been trained or are scheduled to receive the Michigan Model for Health training to institute in schools. Additionally, launched the children services asthma initiative for providers to provide more trainings and interventions focused on asthma as well as integrated health for students within Wayne County.

Needs or Current Issues: None at this time.

Plans:

- Provide orientation training for new Providers
- Providers complete School Readiness Checklists for schools for upcoming school year

Activity 3: Hospital Recidivism

Description: Michigan Department of Health and Human Services (MDHHS) Performance Indicator #10 captures the percentage of readmissions of children during the quarter to an inpatient psychiatric unit within 30 days of previous discharge.

Why is this Important?: The goal is for the percentage rate to be under 15% of youth presenting with hospital recidivism.

Current Status: During FY24 / Q3 the hospital recidivism rate increased above the cut off benchmark to 15.81%. This is the highest recidivism rate DWIHN has experienced. In analyzing the data it was determined the majority of the youth experiencing an inpatient hospitalization were brand new to the network and or did not complete the scheduled intake assessment appointment with the Children Provider.

Significant Tasks During Period: To improve reducing hospital recidivism various meetings were held with Children Initiative, Utilization Management, Crisis Services, crisis screeners, and meetings with Children Providers to discuss the data trend, barriers, and solutions. Thus, updated the Children Crisis Clinical Review Form and added to DWIHN website for Providers to complete within 48hrs of a crisis event resulting in member placed out of the home. This form assists with Providers informing of hospital discharge planning, status of member, and progress/barriers with treatment services. Also updating the Crisis Plan policy and Pre Admission (PAR) procedures requiring Providers to complete the Children Crisis Clinical Form.

Major Accomplishments During Period: For FY24/Q4 showing improvement with hospital recidivism as evidenced by the rate decreasing to 9.18%. In addition, there is noted progress with Providers completing Crisis Plans consistently as well.

FY24 – Q3: Crisis Plans (Goal = 85%)

- Child SED Providers = 78%
- Child IDD Providers = 81%

Needs or Current Issues: Educate Children Providers on the CRSP Re Engagement / Disenrollment Policy to properly discharge members and the need to engage youth discharged from the hospital setting.

Plans:

- Discuss hospital recidivism during the next CRSP Outpatient Provider Meeting 10/11/24
- Review the Hospital Discharge report to ensure proper billing of hospital discharge services

Monthly Update

Things the Department is Doing Especially Well:

Community Mental Health Association Conference: Children Initiative Department was selected to present at the fall conference in Travers City in October 2024 on Sharing Solutions: Putting Children First – Infants, Toddlers, and Families.

Identified Opportunities for Improvement:

Improve MDHHS Indicator 2a – The percentage of new persons completing an intake assessment within 14 calendar days of a non-emergency request for service for IDD children services. See progress below for SED children.

Progress on Previous Improvement Plans:

The goal is to improve compliance with children and youth requesting community mental health services receive an intake assessment within 14 calendar days with a Children Provider. Effective Fiscal Year (FY) 24 the goal is to achieve 57%.

- MI – Children with Serious Emotional Disturbances (ages 0 to 21st birthday)
- DD – Children with Intellectual Developmental Disabilities (ages 0 to 21st birthday)

MDHHS Performance Indicator 2a	FY 23 – Q1	FY 23 – Q2	FY 23 – Q3	FY 23 – Q4	FY 23 Total
MI / Child	28.81%	31.42% (+)	26.57% (-)	32.49% (+)	29.82%
DD / Child	28.71%	32.08% (+)	32.60% (+)	46.03% (+)	34.85%
MDHHS Performance Indicator 2a	FY 24 – Q1	FY 24 – Q2	FY 24 – Q3		FY 24 Total
MI / Child	30.21%	51.78% (+)	59.13% (+)		47.04% (+)
DD / Child	21.78%	27.92% (+)	32.02% (+)		27.24% (-)

Interventions:

- Discussed during various Children Provider Meetings / Trainings
Progress: Providers informed hiring additional staff mainly contributed with improvement with SED child data.
- Issued 2023-008 Request for Proposal (RFP)
Progress: Judson Center credentialed to deliver outpatient services
- Children Providers complete monthly Provider Capacity Form when experiencing challenges with providing services.
Progress: Consider requiring all Children Providers to complete the Provider Capacity Form monthly
- Children Providers begin using screening code for children screenings completed to start including in the MDHHS Performance Indicator data (School Success Initiative, Children Waiver, SED Waiver, Juvenile Justice, Ages 0 to 6, and CCBHC).

Progress: Providers were trained to utilize the new screening code on 6/28/24 and can begin using the code effective 7/1/2024. Updating the Provider Screening Bulletin to add children intellectual disability screening code as well.

Innovation & Community Engagement

August 2024

PCC Meeting 10/9/24

Main Activities during Reporting Period:

- **Community Engagement/Workforce Development**
- **Jail Diversion**

Activity 1: Community Engagement/Workforce Development (Reach Us Detroit, Veteran Navigator, Workforce)

Description: The Reach Us Detroit (RUD) 24/7 Virtual Therapy Line provides essential mental health support to Wayne County residents aged 14 and up. In addition to supporting mental health crises, the Innovation and Community Engagement Department facilitated various outreach efforts focusing on workforce development, veteran services, and community engagement.

Current Status:

- In August 2024, the RUD line handled 157 calls. Collaboration with residential services and other options remain vital to sustaining this effort. Two student learners (MSW and DO) participated in service delivery.
- Staff participated in the Detroit Back-to-School Community Day (August 17), disseminating literature to approximately 60 individuals.
- The department hosted the annual Ready Set Succeed Back-to-School Day (August 30), serving 420 children and families.
- The Veteran Navigator engaged with 18 veterans and 5 family members, assisting them with service connections, housing, and mental health support.
- Participation in veteran-focused events, including Michigan Vet Fest, Vet Fest, and local food distribution events, continued as part of the community outreach efforts.

Significant Tasks During Period:

- Centralized training for one provider was completed, reviewing previous outcomes and addressing the readiness to accept new student learners.
- Technical support was provided to two providers during the National Health Service Corps (NHSC) site recertification cycle.
- The department hosted the annual Young Professionals Conference, with attendance exceeding 550 participants. Notable speakers included Eric Gatson, Chief White of DPD, and King Bethel, youth performer and motivational speaker.
- Continued engagement with veteran support programs and coordination of mental health services for veterans through various community events.

Major Accomplishments During Period:

- Collaboration with youth programs resulted in mental health training and an intergenerational engagement initiative for seniors.
- RUD's continuous partnership with senior services facilitated social skills development and wellness programming.

- Successful education of the homeless veteran population by connecting veterans with trauma and housing services.
- Helped one veteran reconnect with Substance Use Disorder (SUD) services and secure employment through the VA work program.

Needs or Current Issues:

- Ongoing need to provide additional training for new student learners and technical support for NHSC recertification through September.
- Further collaboration is needed to ensure that training materials and course development meet the demand for mental health education.
- Additional venues are needed to host veteran events, and further funding is required to enhance service delivery.

Plan:

- Centralized training for 16 new MSW students will occur in September. Continue providing support for the NHSC site recertification cycle until 9/30.
- Continue facilitating leadership and training events in the upcoming months.
- Continue planning for the upcoming veteran mental health summit and women's events in November 2024.

Activity 2: Jail Diversion

Description: The Jail Diversion initiatives provide crucial services for individuals with mental health needs involved in the criminal justice system. These programs aim to prevent incarceration by offering community-based mental health support and treatment.

Current Status:

- CIT training was held in August to equip law enforcement with skills to handle mental health crises effectively. There were trainees from Detroit and Wayne Police Departments.
- 172 Assisted Outpatient Treatment (AOT) orders were processed in August, with 70 deferrals and 92 waived appearances.
- Mental Health Court hearings were delayed due to the Third Circuit court's transition to the new criminal justice complex.
- Monthly meetings with Naph Care were held regarding mental health services in Wayne County Jail, and 134 jail releases occurred in August.

Significant Tasks During Period:

- Four returning citizens were released on outpatient AOT orders.

- 40 of the 134 jail releases were linked to post-release providers, and 18 were sent to other correctional facilities.
- Staff worked closely with outpatient providers to ensure follow-up care for members transitioning from crisis stabilization.

Major Accomplishments During Period:

- Successful execution of CIT training for law enforcement, improving mental health crisis interventions.
- Ongoing collaboration with CSU and outpatient providers reduced gaps in continuity of care.
- AOT orders ensured community-based treatment for individuals with severe mental illness, preventing further legal involvement.
- Veterans participating in the Downriver Veterans Court program continue to volunteer and are progressing in vocational programs.

Needs or Current Issues:

- Non-compliance by some inpatient facilities in submitting required discharge plans on time.
- Transportation issues for some individuals referred through jail diversion programs.

Plan:

- Continue monthly coordination meetings with treatment teams and court personnel to address compliance and care transition issues.
- Work with the jail to discuss utilizing DWIHN contracted transportation services
- The Downriver Veterans Court anticipates a graduation in September for its participants.

Things Doing Especially Well:

- The RUD Therapy Line continues to be a critical support for Wayne County residents, with effective crisis interventions.
- The Jail Diversion programs have improved continuity of care and prevented further legal involvement for individuals with mental health needs.
- The reduction of homeless veterans and improved veteran support services have been significant successes.

September 2024 IHC Monthly Report
Vicky Politowski IHC Director
10/9/2024



Main Activities during July 2024 Reporting Period:

- **Complex Case Management**
- **OBRA/PASRR**
- **Mi Health Link and MHP Projects**
- **QIP/HEDIS**

Activity 1: Complex Case Management

- **Description:** The Complex Case Management team is constantly utilizing efforts to gain and serve more members.
- **Current Status:** Complex Case Management has **13** active cases, **5** new and **3** were closed, due to meeting care goals. Care coordination was completed for **12** members and **10** individuals were trained in the community on Complex Case Management. Fifty-seven (**57**) members were contacted for FUH follow-up and **20** were reached, **14** attended their appointment.
- **Significant Tasks During Period:** CCM continues to engage members in their FUH appointment.
- **Major Accomplishments During Period:** Fully staffed and opened 5 cases.
- **Needs or Current Issues:** Increase caseloads and community engagement.
- **Plan:** Continued focus more on member engagement, resuming CCM in-service meetings with CRSP's

Activity 2: OBRA/PASRR

- **Description:** Currently has **590** in the INP que. Assessments currently assigned are for August/September.
- **Current Status:** OBRA processed **499** referrals, **262** were assigned to be completed and **237** were triaged and provided exemption letters. For this fiscal year 23/24 OBRA has triage **6789** referrals.
- **Significant Tasks During Period:**
 1. OBRA has completed **120** full assessments this month and **60** partial assessments with a total of **180** face-to-face contacts for September.
 2. All positions have been filled.
 3. PASRR educator provided training to **16** Nursing homes and **4** Hospital. Training **26** staff
- **Major Accomplishments During Period:** Obtained contacts for all CRSP's to provide notifications to them when an individual has received an OBRA determination indicating

specialized services. CRSP have been excited about keeping their members and providing services.

- **Needs or Current Issues:** Address staff who are not meeting productivity goals.
- **Plan:** 1. Assess the need for additional staffing vs FFS/part-time staffing. 2. Address staff who are not meeting productivity goals by placing them on PIP
- **Things the Department is Doing Especially Well:**
 1. Continued to have a low rate of pended assessments. The pending rate for September is **4%**. This remains under the required 24%.
 2. The congruency rate was **98%** for the month of September.
 3. PASRR support staff are opening all Obra/PASRR cases, and this has been successful. This has reduced the number of days it takes to have a case opened within 24 hours, improving overall efficiency for staff and reducing errors
 4. OBRA has established a contact list for CRSP's to provide them with notification when we receive a specialized determination for. We will begin scheduling trainings next month.
 5. A monitoring system is in place to pull a report for individuals identified for specialized services.
- **Identified Opportunities for Improvement:**
 1. Improve turnaround times.
 2. Reduce number in que
 3. Improving access to nursing home records. Some progress has been noted with more nursing homes allowing us access to the EMR system. MDHHS has provided a Draft of MOU to assist in developing more specific language in the nursing home agreements to allow for access to records
 4. Increased training to specific nursing homes that address the nursing homes that are sending in unnecessary referrals, ie. Discharged consumers. This may also help reduce the # in the queue without increasing staffing. Laura is addressing nursing homes that have been identified

Activity 3: Mi Health Link and MHP projects

- MI Health Link
- Special Project
- Data Sharing
- FUH/FUA

MI Health Link Demonstration

IHC department under the MI Health Link Program received total of **148** requests for level II in the month of September 2024 from the ICO organizations.

Current Status: DWIHN has received about 100 less referrals from the 5 ICO's. DWIHN has informed all ICOs so they can monitor their systems for problems.

Major accomplishments: DWIHN ensures that referral responses are submitted to ICOs in a timely manner. DWIHN processed **44** referrals for service connection **77** referrals were voided of those 48% were declined and 52% we unable to reach.

Current needs: The Access department has been notified that there are **22** referrals pending screening. Last month there was 148, Access has worked on reducing the que.

ICO Care Coordination:

IHC department conducted a meeting with each ICO to discuss gaps in care, follow up after hospitalization and shared member updated contact information for **52** members for June.

Major accomplishments were: **36** members were presented, **8** were closed with a successful outcome in September. To close the gap in care PIHP Coordinators assisted with providing members education on the importance of follow up, connected members with last CRSP Providers, assisted with information on how to change last reported CRSP and Provided ICO with updated contact information.

Issues: Seven (**7**)_cases that were unable to reach were sent mailing information to the last reported address to contact. Care Coordinator and/or DWIHN Access Department to identify a new CRSP provider for reengagement.

Plan: **4** Cases will carry over until next month due to continued efforts of collaboration with CRSP, ICOs and members.

Special Care Coordination Project:

IHC is in a special project for care coordination activities with two Medicaid Health Plans Blue Cross Complete and Priority Health. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with deficits. A monthly meeting takes place with each plan to determine gap, identify plan to address gap and report outcomes of efforts.

Major Accomplishments: **36** cases were reviewed and **21** were determined to have gaps in care. **4**_cases were reviewed and closed successfully without presentation to MHP, these cases were a combination of BH gaps and FUH. Two (**2**) members had successful outcomes of gaps closed. **5** members will carry over until next month due to more time is dedicated to resolving the issues.

Issues: Each of the MHP plan will only agree to coordinating services for only 5-6 members per month.

Plan: DWIHN Care Coordinator is responsible for reviewing 10-15 cases per plan per month to determine care needs based on Vital Data Platform. During each review care coordinators are reporting if the member had an A1C test completed.

Data Share with Medicaid Health Plans:

IHC and all 8 MHP plan meetings have occurred in the month of September. Joint Care Plans between DWIHN and the Medicaid Health Plans were developed and/or updated, and outreach completed to members and providers to address gaps in care.

Major accomplishments were: 56 individuals were identified with gaps in care, 37 of those were successful in closing at least one or more gaps.

Issues: 15 members were unable to reach.

Plan: A total of 12 will care over to September 2024 due to continued efforts to report results of attempt to close care gaps.

Things the Department is Doing Especially Well:

Care coordination in the next year will be an expectation of all Medicaid Health Plans. The state is expecting that 25% of people pulled from CC360 risk stratification have plans. IHC has worked with the health plans on how this can be completed.

Identified Opportunities for Improvement:

Care coordination team has been focusing efforts on reducing racial disparities with post FUH/FUA with targeted population of African American Men. For FUH there were 525 inpatient of those 179 were African American males. Eighty-six, 86 were outreached to, whether that was the CRSP or member directly to educate on the importance of post follow up. For FUA there were 29 members presented this month on the FUA report of that 11 members were reached out to by care coordination to remind of outpatient appointments. 3 kept appointment and engaged in service

DWVHN is under CAPs with three ICOs, Molina, Meridian and Aetna.

ICO Molina Audit CAP:

During this reporting period DWVHN received CAP plan request for the following areas: Credentialing/Rec credentialing for file reviews of verifications of sanctions oversight process.

ICO Meridian Audit CAP:

UM CAP has been submitted awaiting review.

ICO Aetna Audit CAP:

Credentialing/Rec credentialing for file reviews of verifications of sanctions oversight process

Activity 4: FUH, AMM, SAA and SSD

- **Description:**
 1. **FUH:** Assess the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 7 and 30 days. Providing follow-up care to patients

after psychiatric hospitalization can improve patient outcomes, decrease the likelihood of re-hospitalization and the overall cost of outpatient care.

2. **AMM:** Assess adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported, Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks) and Effective Continuation Phase Treatment: Adults who remained on an antidepressant medication for at least 180 days (6 months). Effective medication treatment of major depression can improve a person's functioning and well-being and can reduce the risk of suicide. With proper management of depression, the overall economic burden on society can be alleviated, as well.
3. **SAA:** Assess adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period. Using antipsychotic medications as prescribed reduces the risk of relapse or hospitalization.
4. **SSD:** Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications: Assesses adults 18–64 years of age with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. Heart disease and diabetes are among the top 10 leading causes of death in the United States.¹ Because persons with serious mental illness who use antipsychotics are at increased risk of cardiovascular diseases and diabetes, screening and monitoring of these conditions is important. Lack of appropriate care for diabetes and cardiovascular disease for people with schizophrenia or bipolar disorder who use antipsychotic medications can lead to worsening health and death. Addressing these physical health needs is an important way to improve health, quality of life and economic outcomes downstream

- **Current Status**

Heidis Measure	Current Rate 3rd Quarter	Goal
FUH		
Ages 6-17	66.28	70
Ages 18-64	53.24	58
AMM	48.79	66.93
SAA	60.53	66.28
SDD	52.01	80.99

- **Significant Tasks During Period:** Met with Team Wellness and Wayne State Nursing students to aid in assisting with HEDIS measures in TWC clinic.
- **Major Accomplishments During Period:** Presented 3rd quarter goals to IPLT, QISC, QOTAW. Hosted lunch and learn about HEDIS. Working with Adults/Children Initiatives, Crisis and Quality to improve scores. Met with 6 CRSP to go over FUH numbers.
- **Needs or Current Issues:** While the scores are headed in the right direction, they are not meeting the goals. Will continue to work with the two largest CRSP providers and FQHC Centers.

Program Compliance Committee Meeting
Ryan Morgan Residential Services Director/Residential Services Dept.
Date: October 9, 2024



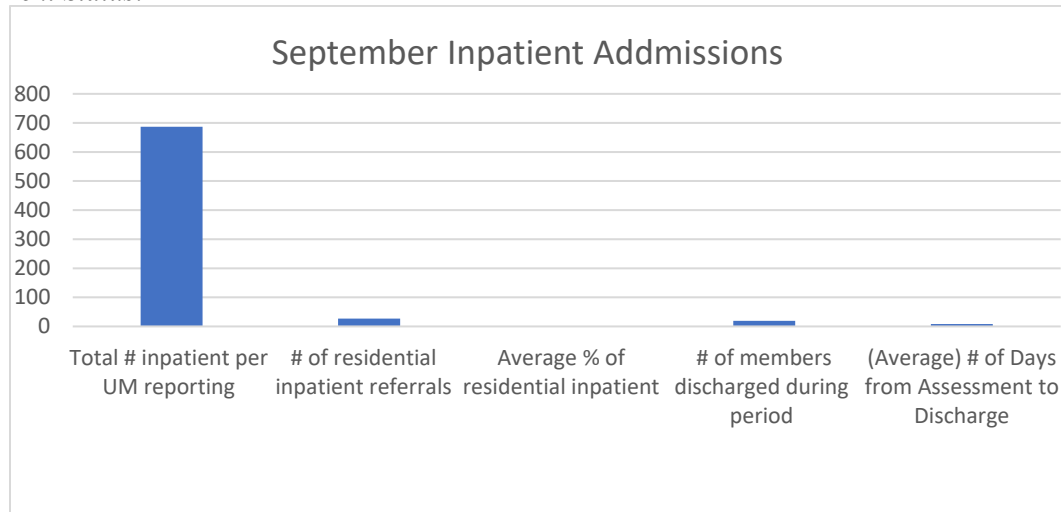
Main Activities during Monthly Reporting Period: September 2024

- **Examining Hospital Referral Efficiency**
- **Examining New Referrals to the Residential Department**
- **Residential Assessment Updates**

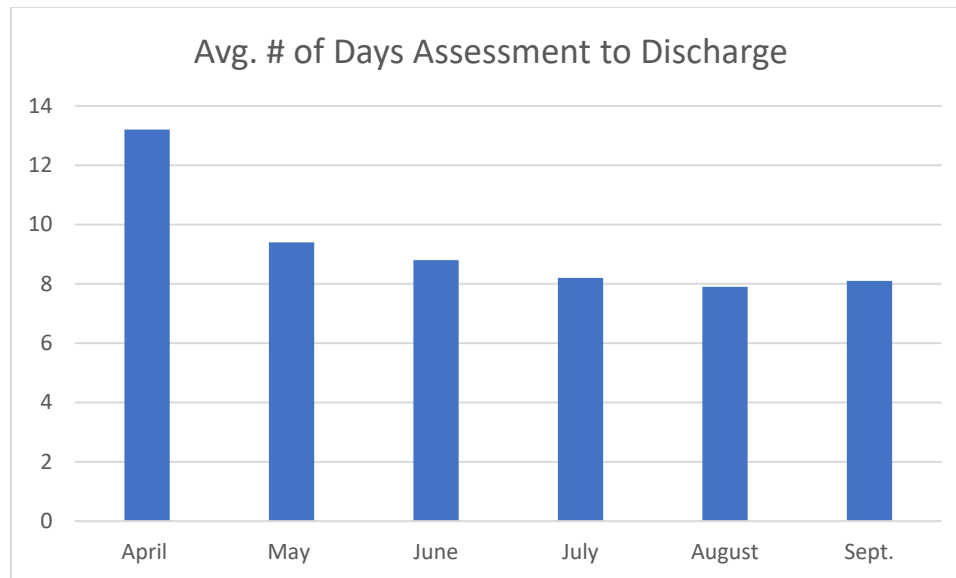
Progress On Major Activities:

Activity 1: Examining Hospital Referral Efficiency

- *Description:* The Residential Services Department continues to examine the hospitalization data for residential referrals in efforts to decrease the frequency and duration of inpatient hospital stays. It is important that we monitor efficiency in order to reduce the amount of time a member spends inpatient.
- *Current Status:*



Total # inpatient per UM reporting	687
# of residential inpatient referrals	27
Average % of residential inpatient	3.93%
# of members discharged during period	19
(Average) # of Days from Assessment to Discharge	8.1

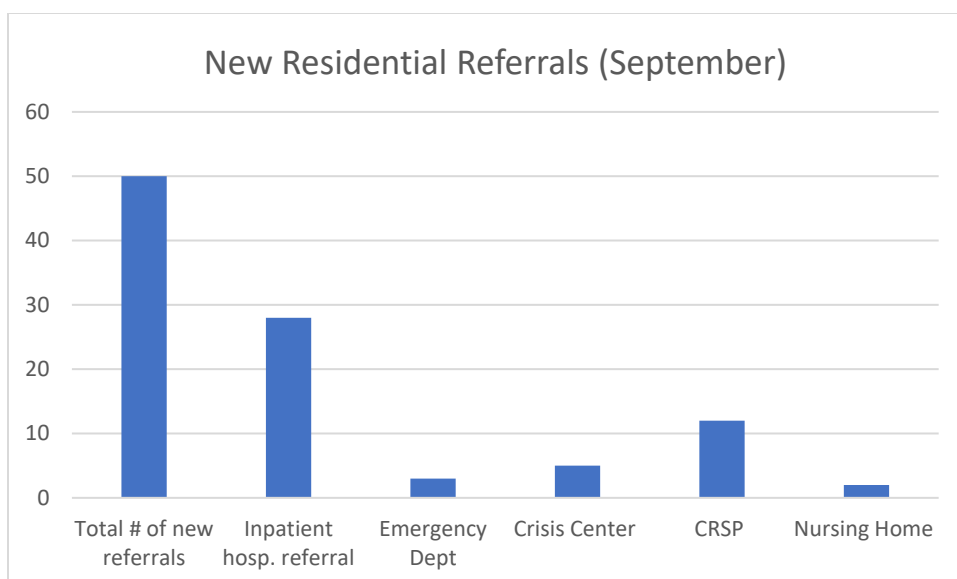


April	13.2
May	9.4
June	8.8
July	8.2
August	7.9
Sept.	8.1

- *Significant Tasks During Period:* Recently the department has added a weekly meeting with residential care coordinators, department managers, and the director designed at problem solving and brainstorming placement options. Staff assignments are made daily, and staff are required to reach out to new referrals within 24 hours.
- *Major Accomplishments During Period:* The Residential Services Department was able to help discharge nineteen (19) members out of inpatient psychiatric units and place them into the community.
- *Needs or Current Issues:* The department continues to see an increase in young adults with significant behavioral issues that are difficult to place.
- *Plan:* The department is planning to continuously consult with hospital staff to discuss barriers to placement. We will meet quarterly with emergency departments within the network.

Activity 2: Examining New Referrals to the Residential Department

- *Description:* The Residential Services Department began to track the number of new referrals coming into the department over the month of September. It is important to track referrals in order to gauge the capacity of the network along with managing the resources available.
- *Current Status:*

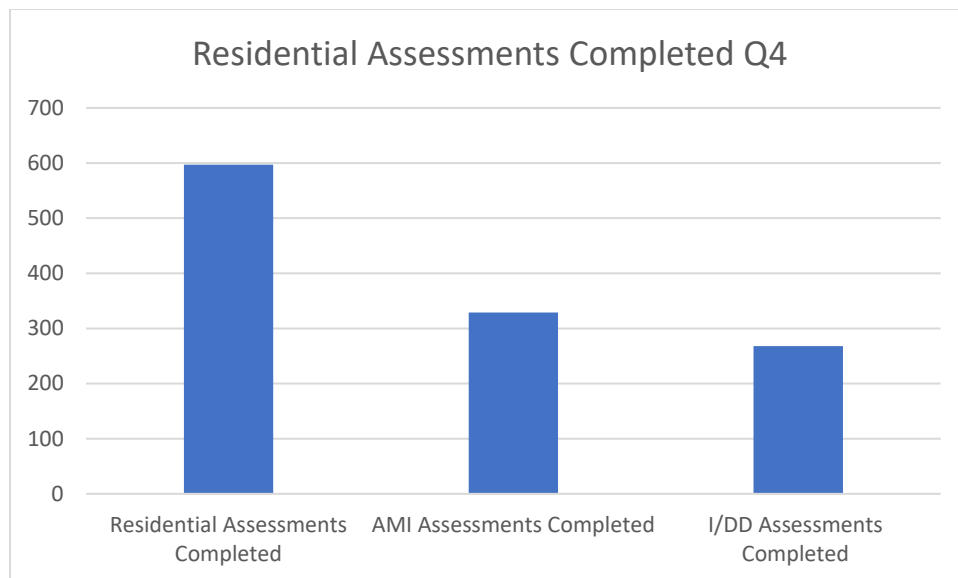


Total # of new referrals	50
Inpatient hosp. referral	28
Emergency Dept	3
Crisis Center	5
CRSP	12
Nursing Home	2

- *Significant Tasks During Period:* The Residential Services Department is currently providing services to 2,132 members within the network.
- *Major Accomplishments During Period:* The residential services department has been able to complete onboarding of four (4) new residential service providers in August and September. These providers will provide more opportunities for placement of our members in the community.
- *Needs or Current Issues:* The department has identified a need within the network for continued education on the referral process and improvement in clinical documentation. This includes how the residential assessment impacts the treatment planning process and authorizations.
- *Plan:* The department will begin conducting bimonthly meetings with Clinically Responsible Service Providers in October that will focus on improving the referral process and clinical documentation. We will continue to have quarterly meetings with public guardians and transitional housing providers to review barriers to placement.

Activity 3: Residential Assessment Updates

- *Description:* The department has been working to ensure that all new and existing members within the residential services department have up to date assessments that are reflective of their needs and abilities. It is important that all members have up to date assessments to ensure that members are receiving medically necessary services.
- *Current Status:*



Residential Assessments Completed	597
AMI Assessments Completed	329
I/DD Assessments Completed	268

- *Significant Tasks During Period:* At the beginning of this fiscal year the department began the task of updating all AMI residential assessments. This was done by scheduling 3 assessments per day for each residential care specialist. In May we turned our focus towards updating in home I/DD assessments. Currently we have completed approximately 90% of the in home I/DD assessments and anticipate the completion of this project in the next two weeks.
- *Major Accomplishments During Period:* During the past 3 months the Residential Services Department has been able to complete 597 residential assessments. 329 assessments were completed for Adults with Mental Illness and 268 assessments were completed for individuals with a Developmental Disability.
- *Needs or Current Issues:* Currently we have one open residential care specialist position that needs to be filled in order to help complete assessments. We also need to ensure that all members continue to maintain up to date assessments.
- *Plan:* We are working with the Information Technology Department to develop a report that will allow for electronic tracking of residential assessments and will indicate any assessments that are out of date.

Monthly Update:

- **Things the Department is Doing Especially Well:**
 - In September we conducted in service trainings with 14 residential providers in order to assist with training staff on the updated residential progress note.
 - The Residential Services Department has onboarded 4 new residential providers since August that will be able to provide residential services to our members.
- **Identified Opportunities for Improvement:**

- Currently we have one residential care specialist position that needs to be filled in order to assist with completing residential assessments.
 - In September the Residential Department met with the Information Technology Department to assist with developing an electronic tracking method that will allow us to maintain updated residential assessments for our members. This report should be available within the next two weeks.
- **Progress on Previous Improvement Plans:**
 - We have worked to coordinate bimonthly training with clinically responsible service providers that will focus on improving clinical documentation along with the referral process. These trainings will begin on October 8th.



Detroit Wayne Integrated Health Network
 Program Compliance Committee Meeting
 Judy Davis, SUD Director
 Date: October 9, 2024

Main Activities during the month of September 2024:

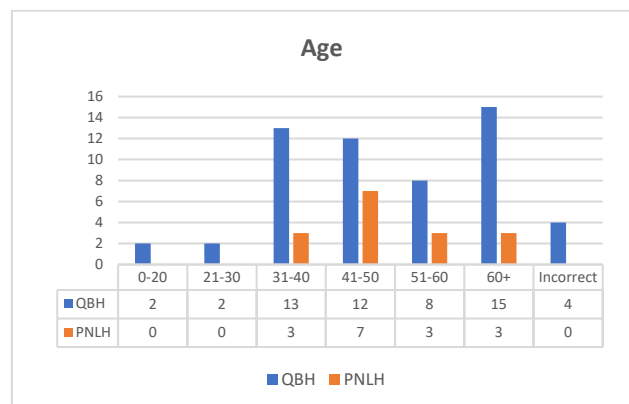
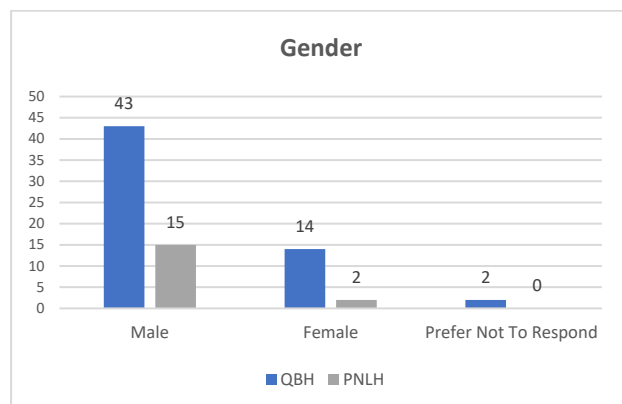
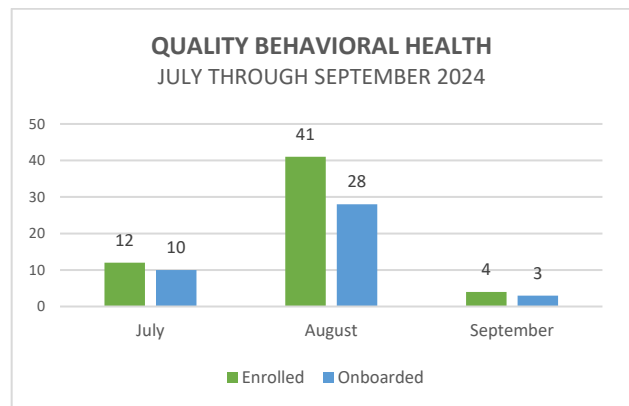
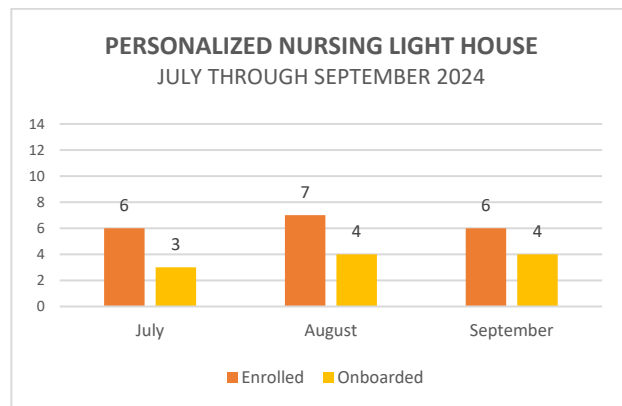
- CHES Health Initiative
- American Society of Addiction Medicine (ASAM) 4th Edition
- Naloxone and Harm Reduction Activities

PROGRESS ON MAJOR ACTIVITIES

Activity I: E CHES Health Initiative <https://eab.chesshealth.net>

Description: The CHES Health Analytics tool offers a groundbreaking approach for DWIHN to access and manage member data comprehensively. This platform streamlines the viewing and extraction of essential information, enabling a deeper insight into member progress and outcomes. It has proven to be an invaluable asset for providers wanting to improve their programs.

Current Status: Quality Behavioral Health successfully enrolled its first member on July 17, 2024, marking a significant milestone in its journey. Shortly thereafter, PNLH celebrated the enrollment of its first member on July 31, 2024. Despite this achievement, PNLH's initial progress was somewhat hampered due to staffing constraints, leading to a slower start compared to Quality Behavioral Health. This situation underscored the importance of adequate staffing in ensuring a smooth and efficient operational flow right from the onset.



Significant Tasks During Period: At the close of July, the total number of members enrolled stood at 18. By the end of September, this number had impressively risen to 76, marking a substantial 322% increase in enrollment. This significant growth demonstrates the remarkable success and expansion of the program over just a two-month period.

Major Accomplishments During Period: Wayne County is experiencing positive strides in the battle against youth substance abuse, highlighted by the accomplishments of DWIHN. The SUD Department has spearheaded initiatives that have successfully lowered youth usage rates of key substances. Remarkably, this achievement comes at a time when substance use rates have been on the rise statewide, excluding cigarette smoking which, similarly to Wayne County's targeted substances, has also seen a downtrend.

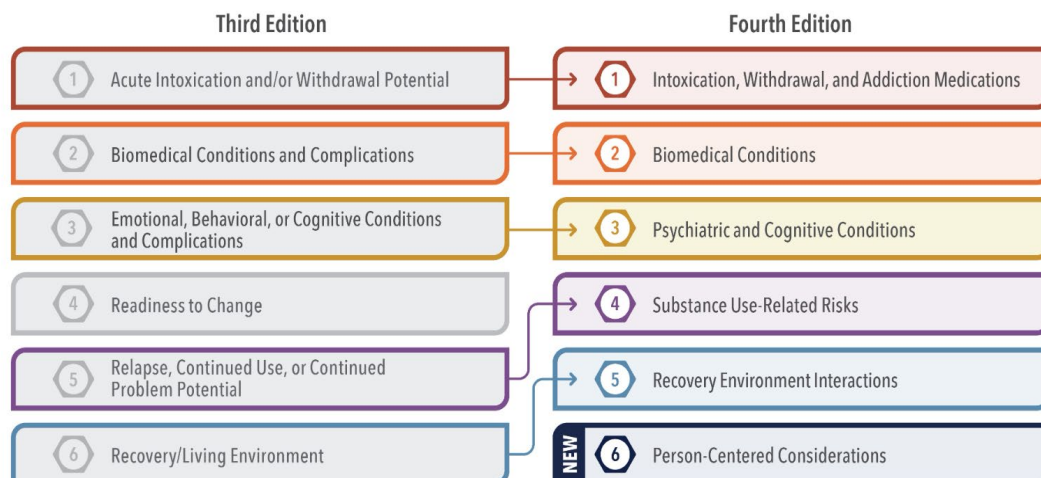
Needs or Current Issues: Enrolling members into programs presents several challenges, including a lack of awareness about available services, accessibility issues, the complexity of enrollment processes, perceived irrelevance, concerns over privacy, socioeconomic barriers, and cultural and language differences. Overcoming these obstacles necessitates a comprehensive strategy that simplifies the enrollment process, enhances educational outreach to improve program visibility, ensures accessibility for all potential members, addresses privacy and trust concerns, and tailors programs to meet the diverse needs and contexts of the target audience. Successfully tackling these issues is crucial for increasing enrollment and ensuring that the programs reach and benefit the intended populations

Plan: Our strategy for engaging in members' group meetings revolves around proactive involvement in discussions to both access and enhance outcomes. We are dedicated to offering thoughtful feedback, exchanging experiences, and working together on strategies that bolster our shared objectives. Utilizing the varied insights within the group, we aim to pinpoint opportunities for enhancement, devise innovative solutions, and put into practice effective methods that lead to favorable outcomes.

Activity II: ASAM Level of Care 4th Edition <https://www.asam.org/asam-criteria>

Description: The ASAM Criteria play a crucial role in addiction treatment, starting with an assessment to identify a patient's needs and matching them with the appropriate level of care. It sets standards for each care level, detailing the setting, staff qualifications, and service intensity. As patients progress, they're regularly reassessed to determine if they should move to a different level of care, ensuring their treatment plan remains aligned with their evolving needs.

Current Status: Changes to the ASAM Criteria Dimensions in the Fourth Edition



The fourth edition updates the arrangement of the dimensions from what was presented in the Third Edition. Now, the concept of readiness to change is integrated within each dimension. Additionally, the dimensions previously known as 5 and 6 in the Third Edition have been repositioned to 4 and 5, respectively, in the Fourth Edition. A new Dimension 6, titled "Person-Centered Considerations," has been introduced. This dimension focuses on identifying barriers to care, including social determinants of health, understanding patient preferences, and recognizing the need for motivation enhancement.

Significant Tasks During Period: The SUD Department is committed to ensuring that our provider network receives comprehensive training in ASAM 4th edition starting in November 2024. This initiative will significantly enhance the quality of care and improve outcomes for our clients.

Major Accomplishment During Period: Successfully rolled out ASAM 4th edition training within the SUD department. This initiative guarantees that all team members are armed with cutting-edge knowledge and industry best practices.

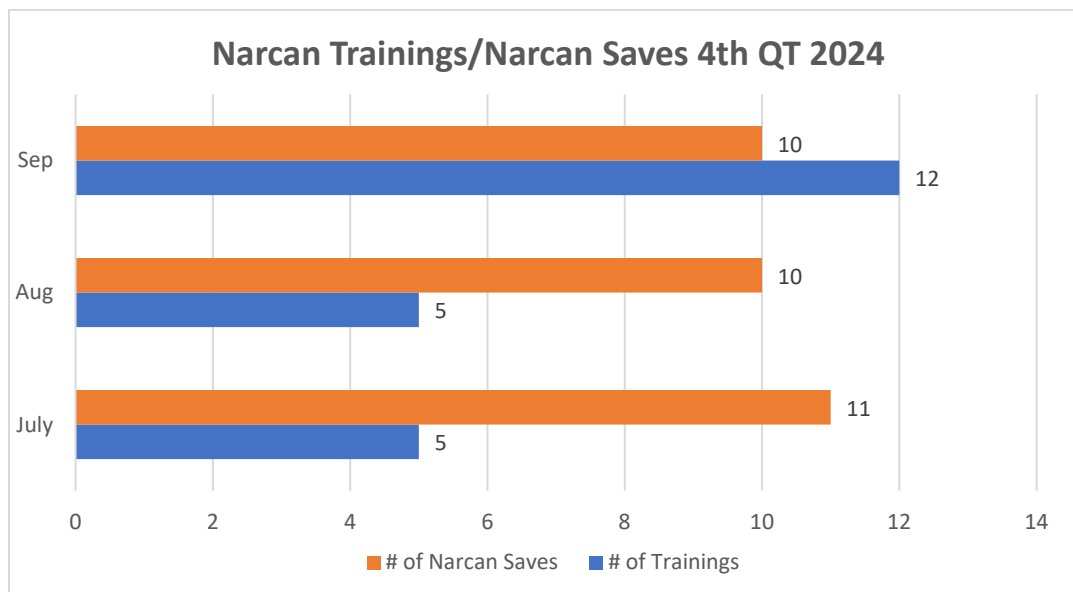
Needs or Current Issues: Implementing the ASAM 4th Edition training, particularly in ensuring timely rollout. Among the challenges is in coordinating training sessions for our providers, a crucial step for a seamless transition. To address this and ensure a structured implementation, the training will adopt 7 Cohorts with the first Cohort in November.

Plan: SUD plan to continue monitoring for improvement, we will establish regular feedback sessions with the staff to gather their input on the usability of the tool.

Activity III: DWIHN Naloxone and Harm Reduction Distribution

Description: The SUD Department continues to provide the lifesaving 4mg generic naloxone nasal spray. This proactive investment is our commitment to combatting the Fentanyl and Opioid Crisis head-on, making a tangible difference in our community. While funding is available, organizations currently eligible to receive naloxone through the DWIHN can apply to receive free fentanyl test strip kits through the online application form, fentanyl test strips streamline the process of testing a drug for the presence of fentanyl, an extremely powerful opioid that can be added to other drugs and lead to a life-threatening or fatal overdose event.

Current Status: The chart below delves into the latest insights, focusing on the number of saves for the last quarter. It vividly depicts our status, highlighting an engaging visual summary of where we stand.



Significant Tasks During Period: In a powerful effort to combat the opioid crisis, three impactful Narcan training events were recently carried out, accompanied by a crucial addition focused on recovery. The first event, a community Narcan training at Wayne County Community College Downriver Campus, took place on September 24, 2024, in collaboration with Channel 4 and Mariners Inn. This groundbreaking initiative successfully trained 400 community members in Narcan administration and garnered extensive media coverage from Channel 4, effectively raising public awareness about opioid overdose prevention. Building on this momentum, a specialized Narcan training session was conducted on September 30, 2024, for 160 Health Education teachers during the Detroit Public Schools Community District (DPSCD) Professional Development Day. This session not only equipped staff with vital knowledge on emergency Narcan administration but also facilitated the installation of Nalox-Boxes in 22 DPSCD high schools and the distribution of Narcan kits across all 106 DPSCD schools. Further augmenting these efforts, an additional recovery training was conducted at the annual Recovery Walk, engaging over 50 individuals in vital conversations and education about the journey of recovery. This session underscored the importance of understanding and supporting the recovery process, making a significant stride toward a community more informed and compassionate about the complexities of addiction and recovery. These concerted efforts have significantly bolstered the department readiness to address potential opioid overdoses, fostering a safer environment for both students and staff, and nurturing a community more equipped to support individuals in their recovery journey.

Major Accomplishment During Period: As of August 2024, DWIHN has successfully recorded over **1,737** overdose reversals since the 2016 launch of Narcan training as of, providing the opioid overdose reversal medication at no cost to community groups. In FY23, SUD funded the distribution of nearly **5,793** kits. As part of the effort to ensure naloxone availability in communities of color, the SUD Department has conducted in-person and virtual trainings on naloxone administration for **5,585** individuals, providing training to various community organizations, including law enforcement, barbershops, churches, schools, and provider agencies.

Needs or Current Issues: Additionally, as of April 2024, **5,342** fentanyl test strips and 2,853 xylazine test strips were distributed. Data indicates people using drugs practice safer use when knowing these substances are present.

Plan: Improving Narcan distribution in underserved areas involves collaborating closely with local health departments to identify gaps in services and leverage their resources and networks for more effective distribution.

Highlights:

- Utilization of opioid settlement funds from the Michigan Department of Health and Human Services (MDHHS) to address infrastructure needs and mortgages, ensuring a stronger foundation for community support and recovery services.
- Implementation of ASAM (American Society of Addiction Medicine) training across the network, enhancing the quality and consistency of addiction treatment services.
- A special feature on Dr. Wade and Magic Johnson's collaboration with Lakeridge, spotlighting their efforts in combating addiction and supporting community health initiative

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 23-15R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 10/16/2024

Name of Provider: WIT, Inc

Contract Title: DWC Training Platform - Extension

Address where services are provided: 900 Tower DRive, Suite 325, Troy MI 48098

Presented to Program Compliance Committee at its meeting on: 10/9/2024

Proposed Contract Term: 10/1/2023 to 12/31/2024

Amount of Contract: \$ 1,517,948.00 Previous Fiscal Year: \$ 1,350,000.00

Program Type: Continuation

Projected Number Served- Year 1: 60,000 Persons Served (previous fiscal year): 60,000

Date Contract First Initiated: 10/1/2018

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Detroit Wayne Integrated Health Network (DWIHN) is requesting approval to extend terms of service to 12/31/24 with additional funds of \$167,948.00.

Comparable Source contract between the Detroit Wayne Integrated Health Network (DWIHN) and WIT, Inc for an **amount to not exceed \$1,517,948.00.**

WIT has provided the primary operations/services package for the operations of Detroit Wayne Connect (DWC)(formerly VCE). The system, referred to as “TAP” supports the entire training product for DWC. This includes:

- Support for all Computer-Based-Training for DWC Customers, including the entire DWIHN network of organizations and staff
- Support for all Event Planning needs for face-to-face training and other supporting communications and events
- The registration process for staff participating in training
- The tracking of all training for individuals and organizations in the DWIHN network
- The billing process for DWC customers
- The system used for management of DWC website

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 1,517,948.00	\$ 1,517,948.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Tuesday, October 1, 2024

Signed: Monday, September 30, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-29 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/16/2024

Name of Provider: Michigan, State of - Dept of Human Serv

Contract Title: Donated Funds Agreement DFA 25-82009

Address where services are provided: Wayne County

Presented to Program Compliance Committee at its meeting on: 10/9/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 449,400.00 Previous Fiscal Year: \$ 444,900.00

Program Type: Continuation

Projected Number Served- Year 1: 7,500 Persons Served (previous fiscal year): 7000

Date Contract First Initiated: 10/1/2012

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network (DWIHN) staff recommends approval of a **one-year contract** between the DWIHN and the Michigan Department of Health & Human Services (MDHHS) to continue the MDHHS's Outstation Services in Wayne County and the placement of (6) Medicaid Eligibility Specialists. This agreement was established through the Donated Funds Agreement (DFA) to facilitate timely enrollment of Detroit Wayne Mental Health consumers for Medicaid eligibility.

Placement of the (6) MDHHS workers has resulted in a more rapid processing of Medicaid eligibility applications, determination of deductible adjustment and enrollment in the Medicaid program. The main objective of the Medicaid Enrollment Program, is to expedite enrollment in Medicaid for the provision of services and benefits for persons either eligible and/or receiving mental health services in Wayne County. This contract has also help DWIHN to realize a more effective use of its State General Funds and to demonstrate the provision of improved supports and access for uninsured consumers.

The State of Michigan is the sole administrator of the State Medicaid Services, therefore, there has been no solicitation of other providers. **The term for this contract is from October 1, 2024 through September 30, 2025. Funding for this contract is not to exceed \$449,400.** Funding is subject to availability of funds as determined by DWIHN.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
State GF	\$ 449,400.00	\$ 449,400.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64931.827206.06425

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Friday, October 4, 2024

Signed: Thursday, October 3, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-30 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 10/16/2024

Name of Provider: Vital DataTechnology LLC

Contract Title: Community Mental Health Data Platform

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 10/9/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 1,000,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 80,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN was awarded a special grant through appropriations under Senator Santana. Costs for the project will be \$1,000,000 with a \$1 for \$1 match with \$500k in grant funding and \$500k in funds from DWIHN (i.e. administrative costs subject to 45CFR 158.150 Health Care Quality Initiative).

The 1-year pilot project will establish a more real-time, data-driven ecosystem that connects healthcare entities across the state of Michigan. By leveraging cloud computing and AI to deliver advanced analytical and predictive models, a unified, 360-degree medical record can be accessible to both clinical and behavioral health stakeholders statewide. This real-time sharing of data facilitates stakeholder communication, drives effective continuity of care, and lowers total costs.

The Platform will enable a more real-time healthcare ecosystem connecting Detroit Wayne Integrated Health Network (DWIHN) - with Medicaid Managed Care health plans operating in PIHP Region 7, enabling improved connectivity for members and providers.

Note: A budget adjustment will be forthcoming to certify additional revenues supporting this initiative.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 500,000.00	\$ 500,000.00
Block Grant	\$ 500,000.00	\$ 500,000.00
Total Revenue	\$ 1,000,000.00	\$ 1,000,000.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64941.827206.00021

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Tuesday, October 1, 2024

Signed: Tuesday, October 1, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-31 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/16/2024

Name of Provider: Neighborhood Service Organization

Contract Title: Neighborhood Service Organization and Wayne Metro PATH

Address where services are provided: Various locations in Wayne and Out-Wayne Counties

Presented to Program Compliance Committee at its meeting on: 10/9/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 254,493.00 Previous Fiscal Year: \$ 254,493.00

Program Type: Continuation

Projected Number Served- Year 1: 500 Persons Served (previous fiscal year): 222 - 3rd Qtr.

Date Contract First Initiated: 10/1/2006

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval to **disburse Supplemental General Fund** match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for two providers, Neighborhood Services Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA), **in the amount not to exceed \$254,493 for the fiscal year ending September 30, 2025** . Both providers receive grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program.

The Supplemental General Fund match dollars will be disbursed as follows:

- **NSO in the amount not to exceed \$169,493**

• **WMCAA in the amount not to exceed \$85,000**

DWIHN staff have the discretion to reallocate funds among these providers without board approval based upon supported utilization data provided the total amount does not exceed approved funding for this contract.

The PATH program provides active outreach to individuals who are experiencing homelessness and who have a serious mental illness or co-occurring mental illness and substance use disorder. PATH services include: outreach, assistance with accessing income supports, such as SSI/SSDI, assistance in locating affordable housing and linkage to appropriate medical and mental health services. In an effort to assist the two (2) PATH providers in maximizing outreach to 500 individuals experiencing homelessness throughout Wayne County.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
General Funds	\$ 254,493.00	\$ 254,493.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64933.829502.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Signature/Date:

Manmohan Singla

Signed: Friday, October 4, 2024

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Thursday, October 3, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-32 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/16/2024

Name of Provider: Southwest Counseling Solutions

Contract Title: Southwest Counseling Solutions Housing Resource Center, NSO Detroit Healthy Housing Center and CNS Covenant House

Address where services are provided: Various Locations

Presented to Program Compliance Committee at its meeting on: 10/9/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 2,124,637.00 Previous Fiscal Year: \$ 2,124,637.00

Program Type: Continuation

Projected Number Served- Year 1: 1,050 Persons Served (previous fiscal year): 10,705 -3rd Qtr

Date Contract First Initiated: 10/1/2004

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network (DWIHN) requests Board approval of a one-year contract renewal with the following providers in the **total amount not to exceed \$2,124,637 for the fiscal year ending September 30, 2025.**

Southwest Counseling Solutions - Housing Resource Center in the amount of **\$1,089,715**, to provide housing assistance, resources, intervention and collaborative community efforts to reduce homelessness of persons with mental illness and co-occurring disabilities.

Neighborhood Service Organization - Detroit Healthy Housing Center in the amount of **\$902,050**, to provide intensive services to decrease homelessness and residential instability and increase individuals in supportive living arrangements. This initiative is funded with General Fund.

CNS Covenant House Program in the amount of **\$132,872**, to address gaps in service through the provision of mental health support for young adults experiencing homelessness.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: General Fund, Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 1,222,587.00	\$ 1,222,587.00
General Funds	\$ 902,050.00	\$ 902,050.00
Total Revenue	\$ 2,124,637.00	\$ 2,124,637.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: Multiple

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manmohan Singla

Stacie Durant

Signed: Friday, October 4, 2024

Signed: Thursday, October 3, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-33 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/16/2024

Name of Provider: Detroit Central City C.M.H., Inc.

Contract Title: Central City PSH CoC Program & Leasing Project

Address where services are provided: Various Locations - Scattered Sites

Presented to Program Compliance Committee at its meeting on: 10/9/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 165,045.00 Previous Fiscal Year: \$ 165,045.00

Program Type: Continuation

Projected Number Served- Year 1: 134 Persons Served (previous fiscal year): 134

Date Contract First Initiated: 10/1/2015

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval to **disburse General Fund match in the not to exceed amount of \$165,045** to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the **fiscal year ending September 30, 2025.**

The Continuum of Care grant agreements between HUD and Central City Integrated Health (CCIH) are based on the continued need to provide supportive services and to have housing stock in Detroit for persons experiencing homelessness.

The General Fund match includes annual amounts for supportive services and administrative costs for the Supportive Housing Program and Leasing Project. The project will provide housing and

supportive services including, but not limited to, psychiatric and nursing care, substance use treatment, Intensive Dual Diagnosis Treatment, Assertive Community Treatment (ACT), motivational interviewing, therapy and case management services. The target population is chronically homeless single adults with severe and persistent mental illness, a co-occurring mental illness and substance use disorder, or physical health disabilities and a substance use disorder.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: General Fund

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
General Funds	\$ 165,045.00	\$ 165,045.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64981.829501.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date: Manmohan Singla Signature/Date: Stacie Durant

Signed: Friday, October 4, 2024

Signed: Thursday, October 3, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-34 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 10/16/2024

Name of Provider: Medversant Technologies LLC

Contract Title: Credentialing Verification Organization - Medversant

Address where services are provided: 355 South Grand Ave. Suite 1700 Los Angeles, CA 90071

Presented to Program Compliance Committee at its meeting on: 10/9/2024

Proposed Contract Term: 11/1/2024 to 10/31/2025

Amount of Contract: \$ 310,600.00 Previous Fiscal Year: \$ 274,740.00

Program Type: Continuation

Projected Number Served- Year 1: 1,470 Persons Served (previous fiscal year): 1465

Date Contract First Initiated: 11/1/2017

Provider Impaneled (Y/N)? N

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The Detroit Wayne Integrated Health Network (DWIHN) is requesting Board approval to enter into a one-year contract, **effective November 1, 2024, through October 31, 2025**, for an **amount not to exceed \$310,600** with **Medversant Technologies LLC**, a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization.

Medversant primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. In addition Medversant conducts continuous monitoring of DEA licenses, Office of Inspector General, and System for Award Management sanctions, and licensure. All Medversant activities are electronic. After the DWIHN Credentialing Committee meets and make appropriate disposition Medversant will send Credentialing/Re-Credentialing letters and certificates to providers or practitioners. Medversant also has the capabilities to share all credentialing data with the State of Michigan's Universal Credentialing CRM platform and is being utilized by other PIHPs, creating synergies of a single solution. The contract ensures that DWIHN is compliant with the credentialing requirements delineated in 42 Code of Federal Regulations 422.204, their executed agreements with MDHHS and the five Integrated Care Organizations.

Outstanding Quality Issues (Y/N)? Y If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 310,600.00	\$ 310,600.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:
Mann Mohan Singla

Signed: Thursday, October 3, 2024
Manny Singla, Interim Chief Executive Officer

Signature/Date:

Stacie Durant

Signed: Thursday, October 3, 2024
Stacie Durant, Vice President of Finance

Signature/Date: